



City of Inverness

Community Development Department
212 West Main Street – Inverness, Florida 34450
(352)726-3401 - Fax (352)726-5473

DDS@Inverness.gov

BUSINESS TAX APPLICATION

Please note that incomplete applications cannot be accepted for review.

1. Name of Business _____
 Corporation Sole Proprietor LLC
2. Name of Owner: _____ Contact: _____
4. Location of Business: _____
5. City/State/Zip: _____
6. Business Phone: _____ Fax: _____
7. Mailing address (if different): _____
8. City/State/Zip: _____
9. Type of Business: _____ F.L. Sales Tax # _____
10. Driver's License: _____ Federal ID # _____
11. Date Business Opened: _____ Hours of Operation: _____
12. Email Address: _____
13. Number of full time employees: _____ Number of part time employees: _____

THE FOLLOWING ITEMS ARE REQUIRED TO OBTAIN A BUSINESS TAX RECEIPT WITHIN THE CITY LIMITS OF INVERNESS.

Proof of Current fictitious name registration filed with the State of Florida, Division of Corporations.

Eating Establishments Provide seating chart. Provide # of Seats: _____

Include one of the following: Hotel/Restaurant Inspection. Department of Agriculture License. Health Department Inspection

Professionals: Provide Copy of State License. **Retail Business:** Provide square footage: _____

Contractors: Provide Copy of License, Workers Compensation & Liability Insurance.

Apartments: Provide # of rental units: _____ **Laundromat:** Provide # of Washers/Dryers: _____

Signature _____ Date: _____

Print Name: _____

STATE OF FLORIDA: The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____ (name of person acknowledging), who is personally known to me or has produced _____ (type of identification) as identification.

NOTARY PUBLIC