

**DIXIE COUNTY, FLORIDA  
BUSINESS TAX RECEIPT APPLICATION FORM**

Federal Identification Number \_\_\_\_\_

Corporate Document Number \_\_\_\_\_

State Certification Number \_\_\_\_\_

Fictitious Name Registration Number \_\_\_\_\_

County Competence Card Number \_\_\_\_\_

**COPIES ATTACHED**

Date \_\_\_\_\_

**1. BUSINESS INFORMATION**

a. Business Name \_\_\_\_\_

b. Business Address \_\_\_\_\_

c. Office \_\_\_\_\_ Store \_\_\_\_\_ Warehouse \_\_\_\_\_ Home/Apt \_\_\_\_\_

d. Mailing Address \_\_\_\_\_

e. Corporation / Owner's Name \_\_\_\_\_

f. Mailing Address \_\_\_\_\_

g. Phone (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

**2. NATURE OF BUSINESS**

\_\_\_\_\_

\_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Applicant's Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**FICTITIOUS NAME EXEMPTION INFORMATION**

By affixing my name and signature below, I understand that I am affirming that my business or profession is EXEMPT from Fictitious Name Registration as defined in Florida Statutes Section 205.023 for the reason(s) indicated:

\_\_\_\_\_ Attorney

\_\_\_\_\_ Incorporated Business

\_\_\_\_\_ Licensed by the Department of Business and Professional Regulations

\_\_\_\_\_ I am currently using my first AND last name as part of the business name

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**ZONING REQUIREMENTS**

I certify that the foregoing information is, to the best of my knowledge and belief, true and accurate. I acknowledge that a license issued pursuant to this application does not waive requirement of any city, county, state or federal ordinance, statute or regulation that I must meet prior to entering the business, profession or occupation for which the license is sought. I have or will comply with all such requirements.

I specifically acknowledge that a license issued pursuant to this application does not indicate that the parcel of land upon which I intend to operate is properly zoned for the activity I intend. IT IS MY RESPONSIBILITY TO VERIFY COMPATIBLE ZONING WITH THE APPROPRIATE ZONING AUTHORITY PRIOR TO COMMENCING OPERATIONS.

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

Dixie County Tax Collector  
PO Drawer 5040  
Cross City, FL 32628  
Phone (352)498-1213  
Fax (352)498-1259