



COLLIER COUNTY BUSINESS TAX RECEIPT APPLICATION



2800 N. Horseshoe Drive, Naples, FL 34104
Make Check Payable to: Collier County Tax Collector
Phone: 239-252-2477 Website: www.colliertaxcollector.com

CHECKLIST

- ___ Print-out from Florida Dept. of State showing that the Corporation, LLC, or Fictitious name is active. (850-245-6052 or 6058) www.sunbiz.org
- ___ Copy of State license from Department of Business and Professional (850-487-1395) or Department of Health. (850-488-0595)
- ___ Copy of City Business Tax Receipt. (239-213-1800)
- ___ Copy of Motor Vehicle Repair Registration Certificate from Department of Agriculture. (800-435-7352)
- ___ Copy of Health inspection from Department of Hotels and Restaurants (850-487-1395) or Department of Agriculture. (800-435-7352)
- ___ Copy of Fire Compliance (see contact info enclosed)
- ___ Copy of Marco Zoning Certificate. (239-389-5000)
- ___ Copy of Short Term Vacation Rental Registration ([link here](#))
- ___ Copy of Collier Zoning Certificate ([link here](#))
- ___ Completed Business Tax Receipt application with appropriate fee of _____ made payable to: Collier County Tax Collector.
- ___ Copy of Drivers License with Home Address.
- ___ Other: _____
- ___ Please contact the Property Appraiser's office at 239-252-8145 regarding tangible tax.

CHECK ONE:

- ___ Original Application _____
- ___ Transfer of License # _____
- ___ Renewal of License # _____

- Date: _____
- Classification _____
- Code Number _____ - _____ - _____
- License Amount _____

1) **CORPORATE/LLC NAME** - _____
 1a) **DBA (FICTITIOUS) NAME** - _____

1b) **BUSINESS OWNER OR QUALIFIER'S NAME** - _____

2) **PHYSICAL ADDRESS** - _____
 (No P.O. Box allowed)

2a) **IS RESIDENCE USED AS AN OFFICE** - _____ Yes _____ No

3) **OWNER OR QUALIFIER'S RESIDENTIAL ADDRESS** - _____

4) **BUSINESS MAILING ADDRESS** - _____

5) **TELEPHONE** - Business: _____ Street _____ City _____ Zip _____
 Home: _____

6) **LEGAL FORM OF BUSINESS:** _____ Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____ LLP

7) **OPENING DATE OF BUSINESS OR DATE ASSUMED** - _____

8) **OFFICE WITHIN CITY LIMITS OF NAPLES** - ___ Yes ___ No If Yes, City License No. _____

9) **SOCIAL SECURITY NO. or FEDERAL EMPLOYER IDENTIFICATION NO.**
 _____ - _____ - _____ _____ - _____ - _____ *see back of application for explanation

9a) **TYPE OF BUSINESS CONDUCTED:** _____

10) **NUMBER OF EMPLOYEES** - Including number of owners: _____

11) **WILL THE BUSINESS STORE, HANDLE, USE, OR GENERATE ANY AMOUNT OF HAZARDOUS SUBSTANCES OR HAZARDOUS WASTES? (fuels/oils, paints, solvents, chemicals, etc.)**
 ___ Yes ___ No

12) **FILL IN THE APPROPRIATE AREAS** -
 a) Rental units (motel/hotel/apts.) Number of units: _____
 b) Seating Capacity (rest./cafes, etc) Number of seats: _____
 c) Number of coin-operated machines owned by business or individual: _____

13) **STATE LICENSE OR CERTIFICATION NUMBER** - _____

Must have photo copy of state license if state licensed and certified

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

xxx**APPLICANT'S SIGNATURE:** **X** _____ **DATE:** _____

(Owner and/or representative of business) **TITLE:** _____

****THIS LICENSE IS NON-REFUNDABLE FOR BUSINESS STATED ABOVE****

SECTION A, B, AND C FOR OFFICE USE ONLY

THIS SECTION TO BE FILLED OUT BY CONTRACTORS/BCC LICENSING BOARD

SECTION A

Classification of Contractor: _____ County Certification Number: _____

Department Supervisor _____ Date: _____

THIS SECTION TO BE COMPLETED BY COLLIER COUNTY BUSINESS TAX

SECTION B

This business was issued a: **PROPERTY ZONED** _____

Land Use and Zoning Certificate: Home Occupation _____ # _____

Land Use and Zoning Certificate: Non-Residential _____ # _____

Short-Term Vacation Rental Registration Certificate _____ # _____

Comments: _____

THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT

SECTION C

_____ Business **DOES COMPLY** with the local and/or State requirements.

Signed: _____ Title: _____ Date: _____

*** In accordance with Florida Statute 205.0535(6), we require you to provide us with either a Federal Employer Identification Number (FEIN) or a Social Security number.**