



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
- ___ 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.

xxxAPPLICANT'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 PLANNING SERVICES

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.**



COLLIER COUNTY FIRE DISTRICTS DIRECTORY

CUSTOMER MUST CONTACT FOR APPOINTMENT

Greater Naples Fire Rescue District Fire & Life Safety Division

(Includes East Naples, GoldenGate, Isle of Capri & Ochopee)

2700 North Horseshoe Dr

Naples FL 34104

Schedule appointment at www.greaternaplesfire.org

Marco Island Fire Department

1280 San Marco Road

Marco Island FL 34145

Tel # (239) 389-5040 Fax # (239) 393-0099

North Collier Fire Control & Rescue District

(Includes North Naples, Big Corkscrew & Immokalee)

6495 Taylor Road

Naples FL 34110

Schedule appointments at www.northcollierfire.com/Life-Safety/Request-Inspection