



# 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](http://www.colliertaxcollector.com)

## CHECKLIST

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|---|--|
| <input type="checkbox"/> Print-out from Florida Dept. of State showing that the Corporation, LLC, or Fictitious name is active. (850-245-6052 or 6058) <a href="http://www.sunbiz.org">www.sunbiz.org</a> | <input type="checkbox"/> Copy of Fire Compliance (see contact info enclosed)   |
| <input type="checkbox"/> Copy of State license from Department of Business and Professional (850-487-1395) or Department of Health. (850-488-0595)  | <input type="checkbox"/> Copy of Marco Zoning Certificate. (239-389-5000)  |
| <input type="checkbox"/> Copy of City Business Tax Receipt. (239-213-1800)  | <input type="checkbox"/> Copy of Short Term Vacation Rental Registration ( <a href="#">link here</a> )   |
| <input type="checkbox"/> Copy of Motor Vehicle Repair Registration Certificate from Department of Agriculture. (800-435-7352)   | <input type="checkbox"/> Copy of Collier Zoning Certificate ( <a href="#">link here</a> )  |
| <input type="checkbox"/> Copy of Health inspection from Department of Hotels and Restaurants (850-487-1395) or Department of Agriculture. (800-435-7352)  | <input type="checkbox"/> Completed Business Tax Receipt application with appropriate fee of _____ made payable to: Collier County Tax Collector. |
|   | <input type="checkbox"/> Copy of Drivers License with Home Address.  |
|   | <input type="checkbox"/> Other: _____  |
|   | <input type="checkbox"/> 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**

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

**SECTION A**

Classification of Contractor: \_\_\_\_\_ County Certification Number: \_\_\_\_\_

Department Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

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**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: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT**

**SECTION C**

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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**\* 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.**