



# 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](http://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
- \_\_\_ 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**

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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 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: \_\_\_\_\_

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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.**