

**CITRUS COUNTY TAX COLLECTOR  
APPLICATION FOR COUNTY BUSINESS TAX RECEIPT**

**JANICE A WARREN**  
Citrus County Tax Collector  
210 N Apopka Ave, Suite 100  
Inverness, FL 34450-4298  
Phone: (352) 341-6500

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Business Name: \_\_\_\_\_  
If your business name does not comply within the list of exemptions on the attached page, a copy of a Fictitious Name Registration filed with the State of Florida is required.

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Business Location Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the business located inside the city limits of Crystal River or Inverness? \_\_\_Yes or \_\_\_No

Type of Business: \_\_\_\_\_

**Contractors use only:**

County Comp. Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State Cert. or Reg. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

A copy of the County Competency Card, State Certification or State Registration is required upon issuance of receipt.

**Vending or amusement machine use only:**

Do you have vending or amusement machines? \_\_\_Yes or \_\_\_No If yes, How many? \_\_\_\_\_

What type of vending or amusement machines do you have? \_\_\_\_\_

Are they located in a business already taxed by the Citrus Co. Tax Collector? \_\_\_\_\_

Date Business Opened: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Federal I.D. #: \_\_\_\_\_ OR Social Security #: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ President's Name: \_\_\_\_\_  
(Corporation name if differs from business name)

Owner's Name: \_\_\_\_\_

*Pigcug'ègo rigg'èpf 'dt lpi 'qt 'ò chitj kù'èrr nk'vqp 'y kj 'lggOT gegk' n'ý kù'p qv'dg'k'auwgf 'wp vùtj g'èrr nk'vqp 'kù'ègo r'ngv.  
Vj g'Ekt wu'Eqwpv' Vcz'Eangvt u'QWk'eg'èqngewi'iqelc'nlgewt kù' p'wo dgt u'lqi 'y g'kuwvpeg'yh'Dwù'p g'ui'Vcz'Tgegr wu  
k'p'èeeqtf'cpeg'y kj 'u02702757\*7+ 'HUU'èpf 'Ekt wu'Eqwpv' Q'if'k'p'cpeg'4228/C46"*

**IF YOU ARE NO LONGER IN BUSINESS, CONTACT OUR OFFICE IMMEDIATELY.**

**Business Name:** \_\_\_\_\_

*If the above business name is not a Fictitious Name, please complete the following:*

This is to certify that the above named business is exempt from registering as a fictitious name for the following reason: (Please mark only one)

\_\_\_\_\_ I am doing business under my legal name.

\_\_\_\_\_ I am an attorney licensed to practice law in the State of Florida.

\_\_\_\_\_ I am licensed by the Department of Business and Professional Regulations for the following profession:

\_\_\_\_\_ (Profession)

\_\_\_\_\_ I am licensed by the Department of Health for the following profession:

\_\_\_\_\_ (Profession)

\_\_\_\_\_ This business is a \_\_\_\_\_ Registered Corporation \_\_\_\_\_ Registered Trademark

\_\_\_\_\_ Registered L.L.C. \_\_\_\_\_ Registered Limited Partnership

\_\_\_\_\_ Federally Chartered Bank \_\_\_\_\_ State Chartered Bank

Have you previously been issued a Citrus County Business Tax Receipt? \_\_\_\_\_

If yes, under what name? \_\_\_\_\_

Is this an existing business or a new business in Citrus County? \_\_\_\_\_

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

***If business has more than one owner, need signatures of all owners below:***

2<sup>nd</sup> Owner Signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Printed Name: \_\_\_\_\_

3<sup>rd</sup> Owner Signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**Janice A. Warren, C.F.C.**

Citrus County Tax Collector  
210 N. Apopka Ave, Suite 100  
Inverness, FL 34450  
Phone: 352-341-6500  
Fax: 352-341-6514  
[www.citrustc.us](http://www.citrustc.us)

Type of Business: \_\_\_\_\_ Date: \_\_\_\_\_

New Business: \_\_\_\_\_ Existing Business: \_\_\_\_\_ Receipt# \_\_\_\_\_ Clerk: \_\_\_\_\_

**The following items are required to obtain and/or transfer a Citrus County business tax receipt:**

- \_\_\_\_\_ Completed application for business tax receipt signed by the owner or authorized person and their title.
- \_\_\_\_\_ Page 2 of the application--Exemption from filing Fictitious Name Registration signed by owner or authorized person.
- \_\_\_\_\_ \* Proof of **Current** Fictitious Name Registration filed with the State of Florida, Division of Corporations.
- \_\_\_\_\_ \* Receipt for license from the Division of Hotels & Restaurants.
- \_\_\_\_\_ \* Department of Agriculture inspection showing approval to open (for retail or wholesale food ).
- \_\_\_\_\_ \* Current Department of Agriculture license issued for:  
Motor Vehicle Repair, Auto Body Repair, Travel Agency, Seller of Travel, Pawn Shop, Pest Control
- \_\_\_\_\_ Citrus County Competency Card or State Certification for Construction Industry, **y j lej 'y kndg'lp'ghgevf wt lpi "**  
**vj g't gt lqf 'lqt 'y j lej 'vj g't gegk v'ku'kwgf 0**
- \_\_\_\_\_ \* State license from Dept. of Health for Medical occupations, including Nursing Homes and ACLF.
- \_\_\_\_\_ \* State license from Dept. of Children & Family Services for Day Care Facilities
- \_\_\_\_\_ \* State license or inspection from Department of Environmental Health for Mobile Home Park, RV Park or Bar.
- \_\_\_\_\_ \* Tattoo Parlor – Need current state license from Department of Health for Tattoo Establishment and/or Tattoo Artist.

**If you purchased an existing business, please also include the following items with your application:**

- \_\_\_\_\_ Bill of Sale, or
- \_\_\_\_\_ Closing papers, or
- \_\_\_\_\_ Current business tax receipt signed and dated on the front by the previous owner.

*\*For location and/or ownership change, these licenses need to be applied for by the new owner(s) – or for location change only – the new location needs to be on these licenses.*

*\*Business name, owner and location must match the application for Citrus County Business Tax Receipt.*

**Contact Information:**

Building Department – Competency Cards-----[www.bocc.citrus.fl.us/building/building\\_division.htm](http://www.bocc.citrus.fl.us/building/building_division.htm)----- 1-352-527-5332  
 Department of Agriculture and Consumer Services-----[www.800helpfla.com](http://www.800helpfla.com)-----1-800-435-7352  
 Department of Business and Professional Regulation----- [www.myflorida.com/dbpr](http://www.myflorida.com/dbpr)-----1-850-487-1395  
 Worker’s Compensation Exemption Forms-----[www.fldfs.com/wc](http://www.fldfs.com/wc)-----1-800-342-1741  
 Division of Corporations – Fictitious Name Registration – [www.sunbiz.org](http://www.sunbiz.org) or toll call-----1-850-245-6058  
 Division of Children & Family Services -----1-352-330-2177  
 Department of Health-----[www.doh.state.fl.us](http://www.doh.state.fl.us)-----1-850-488-0595  
 Department of Revenue----- 1-352-315-4470

*Please visit the “Comments” section on our website to let us know how we’re doing.*