



BRUCE VICKERS, CFC
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APPLICATION FOR OSCEOLA COUNTY LOCAL BUSINESS TAX RECEIPT

(formerly known as Occupational License)

(Please Print)

IF YOUR BUSINESS IS LOCATED WITHIN UNINCORPORATED OSCEOLA COUNTY ZONING DEPARTMENT, APPROVAL WILL BE REQUIRED IN ORDER TO ISSUE THIS BUSINESS TAX RECEIPT.

Osceola County Ordinance 95-10, Section 1 states, "No person shall engage in or manage any business, profession or occupation within Osceola County..." unless exempt by county, state or federal law. Failure to comply with Osceola County Ordinance 95-10 may subject your business to additional costs including but not limited to court costs, attorney fees, administrative costs and penalties up to two hundred and fifty dollars (\$250) per day.

1. **Business Name:**
 A. List the name of the business: _____
 B. If applicant is not using their legal name in the Business Name, please check one of the following:
 List the Fictitious/Corporation name number of the business as provided by the FL Dept. of State: _____
 I WILL NOT engage in business until fictitious name/corporation registration number is received from Florida Department of State.

2. **Business Location:** Enter physical location of business (If this is a residential home and you rent or lease, a completed, "[Property Owner Affidavit](#)" is required and can be obtained from our website or any of our office locations)
 Address _____ City _____ State _____ Zip _____
 Telephone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

3. **Location Boundary:** Check only one In Osceola County **and** limits of city listed in Section 2 In Osceola County Outside Osceola County
Parcel ID Number: (provided by the Tax Collectors office) _____
****ANSWER THE FOLLOWING IF A RESIDENTIAL ADDRESS IS USED FOR THE BUSINESS****
 Are materials, supplies, or equipment stored on the property? _____ Does anyone, other than the occupant(s) work there? _____
 Do customers physically go to the address? _____ Is there a sign located on the property? _____
 Did you obtain Home Occupational approval form the BOA? _____ If "yes" what is the BOA number? _____

4. **Name of Applicant (Owner or Principal):** Enter the applicant's legal name(s) & Corporation name(if applicable) below
 First _____ M. _____ Last _____ Sur. _____
 First _____ M. _____ Last _____ Sur. _____
 Corporation Name: _____ Contact Name: _____
 Address _____ City _____ State _____ Zip _____
 Telephone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

5. **Mailing Address:** Enter mailing address if different from physical location in Item 2 (Business Location)
 Address _____ City _____ State _____ Zip _____

6. **Social Security Number/Federal Tax ID Number:** _____
 Note: Sole Proprietors enter Social Security Numbers. Other Business Entities enter Federal Tax ID Number
 (The Osceola County Tax Collector is required to collect Social Security numbers for the purposes of identification, and to fulfill reporting requirements in all phases of Statutory, Administrative, and Local Government Ordinance requirements.)

7. **E-Mail Address:** _____ **Bus. Website Address:** _____

8. **Type of Business:** (Please be very specific) If the type of business you are engaging in is State Regulated, a copy of the corresponding state license, registration or certification **is required to be attached** to this application. (i.e. General Contractors, Restaurants, Auto Repair, etc.)

Estimated Original Cost of the Equipment to be used in the Business \$ _____
 List State License, Registration or Certification Number(s): _____

9. **Affidavit: Carefully review and sign the following affidavit**
 (1) I, the undersigned, swear this application (including addendum and all other attachments) is true and correct. (2) I acknowledge and understand that a local county business tax receipt (previously referred to as an occupational license) is issued pursuant to this application is for the privilege of doing business in Osceola County and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation for which this application is being made. (3) I specifically acknowledge that a business tax receipt issued pursuant to this application does not indicate that the parcel of land upon which the business intends to operate is properly zoned for the activities in question and that it is the responsibility of the business to verify same with the appropriate zoning authority prior to commencing its activities or operations. (4) I also affirm that I, the business owner/principle of record indicated hereon, is **in compliance or will comply with all federal, state and legal requirements.**

Signature of Applicant: _____ **Date:** _____ **Receipt Fee:** _____

Once completed, please submit this application with payment to Bruce Vickers, Tax Collector. Use the above listed address when mailing in your application.