



**CITY OF NEWBERRY, FLORIDA**

**APPLICATION FOR LOCAL BUSINESS TAX RECEIPT**

**PART I – AFFIDAVIT - (TO BE COMPLETED BY APPLICANT)**

**APPLICATION IS HEREBY MADE FOR A CITY OF NEWBERRY BUSINESS TAX RECEIPT\* FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS, PROFESSION OR OCCUPATION HEREINAFTER DESCRIBED:**

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS OF BUSINESS:** \_\_\_\_\_  
(MAILING ADDRESS)

\_\_\_\_\_  
(PHYSICAL ADDRESS; Please note: If this is a home, an Administrative Home Occupation Permit is also required.)

**HOME OCCUPATION PERMIT REQUIRED: \*\*Yes \_\_\_\_\_ No \_\_\_\_\_**  
**\*\*If YES, Home Occupation Application Must Be Attached:** \_\_\_\_\_  
attached

**NATURE OF BUSINESS:** \_\_\_\_\_

**DATE OF BUSINESS COMMENCEMENT:** \_\_\_\_\_

**STATE LICENSE: Attached: Yes \_\_\_\_\_ No \_\_\_\_\_** (Any business/individual licensed by the State must attach a copy of their state-issued license.)

**NUMBER OF COIN-OPERATED MACHINES (State type, vending price, number and location of each machine.):** \_\_\_\_\_

**NUMBER OF WORKERS EMPLOYED INCLUDING OWNER:** \_\_\_\_\_

**NUMBER OF VEHICLES OPERATED:** \_\_\_\_\_

**NUMBER OF LICENSED AGENTS (IF APPLICABLE):** \_\_\_\_\_

**I understand that I am paying a local business tax only and that the location and operation of my occupation/business must conform to all City, County, State and Federal requirements before I can legally operate a business, profession or occupation within the corporate limits of Newberry, Florida.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/BUSINESS REPRESENTATIVE** **Date** \_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME OF APPLICANT/BUSINESS REPRESENTATIVE** **Date** \_\_\_\_\_

**Applicant's Title/Position with Business:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*Note: the City's current "Business Tax Receipt" was formerly called an "occupational license" prior to Jan. 1, 2007, when the State of Florida amended Ch. 205.022, F.S. This new law changes the name of the "Occupational License Tax" to the "Local Business Tax" to clarify that this fee does not grant any kind of license but instead is a local tax. The new State law added an additional definition: the term "RECEIPT" means the document issued by the local governing authority, which bears the words "LOCAL BUSINESS TAX RECEIPT".**

**APPLICATION FOR CITY OF NEWBERRY BUSINESS TAX RECEIPT**  
**(Page 2 of 3)**

**PART II – AFFIDAVIT - (TO BE COMPLETED BY APPLICANT)**

**INSTRUCTIONS:** As required by Chapter 205.023, Florida Statutes, all businesses must file for a fictitious name, or per state law, be exempt. Please check “yes” and attach a copy of your fictitious name certificate, or if you are exempt by state law, please check “no” and complete the following section of this application, providing your signature in the space provided.

**SEE ATTACHED FICTITIOUS NAME CERTIFICATE:**             YES             NO      (If No, complete the Exemption Affidavit below.)

**FICTITIOUS NAME REGISTRATION EXEMPTION AFFIDAVIT**

I hereby certify that I am exempt from compliance with the Fictitious Name Act and am not required to register my business with the Florida Secretary of State for one of the following reasons:

       Business is conducted under my full legal personal name.

       Business is incorporated and registered with the Florida Secretary of State and not using a DBA (business name must include one of the following in the name of the business: Inc., Co., LLC, Enterprise, in order to be exempt).

       Business name is a registered trademark.

       Business is exempt due to being licensed by the Department of Business and Professional Regulation (DBPR) or the Department of Health.

       Business is a federally chartered bank.

       Other \_\_\_\_\_

Name of Business \_\_\_\_\_

Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Business Owner \_\_\_\_\_

**REQUIRED IDENTIFICATION NUMBER**

Required for local business tax receipt application, please provide the tax identification number associated with your business:

Federal Employer ID No. (FEIN): \_\_\_\_\_ Business Name: \_\_\_\_\_

Social Security ID No: \_\_\_\_\_ Name: \_\_\_\_\_

