



City of Clermont Building Services Department

685 W. Montrose Street
Clermont, FL 34711
352-241-7315
www.ClermontFL.gov

LOCAL BUSINESS TAX RECEIPT APPLICATION

Applicant Information:

1. Business Name _____ DBA _____
2. SS# or FEIN# _____
3. Owners Name _____ Phone No. _____
4. Business Location _____
5. Mailing Address _____
Street City State Zip Code
6. E-mail _____
7. Description of Business _____
No. Full-Time Employees _____ No. of Part-Time Employees _____ No. of Coin Operated Machines _____
Propane sales/rental [] YES [] NO [] Exemption _____
Type of Business _____

**Home Business Tax Receipt (For Phone Purposes Only) Circle One YES NO

Applicant's Ethnicity (Optional)

[] Hispanic or Latino [] American Indian or Alaskan Native
[] Asian [] Black or African American
[] Native Hawaiian/Other Pacific Islander [] Two or More Races
[] White [] I do not wish to disclose my Ethnicity

Please submit application in person at City Hall or email application to: Businessstax@clermontfl.org

After reviewing the information, I provided above, and under penalty of perjury, I declare that the information is true and accurate.

I acknowledge that a Business Tax Receipt issued pursuant to this registration does not waive my responsibility to adhere to any city or county ordinance, zoning, and/or regulation; any state statute and/or state regulation; or, any federal regulation applicable to my business.

Applicant Signature _____ Date _____

Home Business (Ordinance No. 351-C, Chapter 16, Section 8) are a Special Use of residence property and receipts can be conditionally issued to protect adjacent residents and to guarantee the preservation of the residential character of the neighborhood. A copy of the restrictions for a Home Business are available upon request.

For City Use Only

Type of Business _____ Customer No. _____
License No. _____ Bill No. _____ Fee Amount _____
Zoning Clearance Issued _____