

CITY OF CLERMONT, FLORIDA LOCAL BUSINESS TAX RECEIPT - APPLICATION

NEW / TRANSFER

Applicant Information:

1. Business Name _____ FEIN# _____
 2. Owners Name _____ Phone # _____
 3. Business Location _____
 4. Mailing Address _____
Street City State Zip Code

No. of Employees _____ No. of Professionals _____
 No. of Coin Operated Machines _____ No. of Units _____
Propane sales/rental **YES** **NO**

(Code 1998 Ord 266-c) a tax is levied by the City of Clermont in an amount equal to ten percent of the taxable purchase amount.

Type of Business _____

****Home Business Tax Receipt (for phone purposes only) Circle one: YES NO**

Applicant's Signature _____ **Date** _____

**** Home Businesses (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 is available upon request.****

** For City Use Only**

Type of Business _____ Tax Receipt Status _____

Code _____ Tax Receipt No. _____ Fee Amount _____

Bill Number _____ Customer No. _____

Tech Issuing Receipt

Date Receipt Issued

** Planning & Zoning Department Authorization**

Zoning District _____ Permitted Use _____

Zoning Clearance Issued _____ Backflow Current _____

Grease Trap Current _____ C/O Date _____ Copy to Fire _____

Planning & Zoning Tech

Date of Authorization