City of Oak Hill
234 S. U.S. Hwy. #1
Oak Hill, Florida 32759

Business Tax Receipt

PLEASE PRINT

1. Business Name_____

2. Address of Business_____

3. Type of Business_____

4. Mailing Address for License Renewal Notice_____
   _____

5. Do You Own Property? ☐ Yes ☐ No If You Do Not Own Property, List Owner's Name and Phone _____

6. Full Name of Applicant Applying for License_____

7. Home Address_____

8. Social Security Number_____ Birth Date_____

   Drivers License_____Business Phone #_____

9. Check The Following Which Applies: _____Transfer/Owner _____Dup. Lic.

   _____New Business _____Renewal _____Transfer/Name _____Transfer/Address

Transferred From:_____

10. Emergency Information: After Closing, Alternate name, Address & Phone Numbers (other than)_____

Filing this application for a City Business Tax Receipt License does not allow applicant to operate or engage in any type of business until the city issues an Business Tax Receipt License. **Any person, firm, or corporation who shall engage in any occupation, business or profession without a license shall be cited in accordance with the City Code.** I acknowledge that a license issued pursuant to this application does not waive requirements of any City, County, State or Federal Ordinances. Statute or Regulation that I must meet prior to entering into the business, profession or occupation for which the license is sought. I swear that the information contained above shall be true and correct to the best of my knowledge and that I am not in default under the provisions of this ordinance or indebted or obligated in any manner to the city except for current taxes. If the State of Florida requires a license, permit, inspection, certification, registration, etc.,

_____ _____
Signature & Title of Applicant Date

********************************FOR CITY USE ONLY********************************

Zoning/DRA_____ Fee:_____ Bus. Tax Receipt Spec._____