



Rev. Date: March 2018

COMMERCIAL LOCAL BUSINESS TAX CHECK LIST

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COMMERCIAL LOCAL BUSINESS TAX CHECK LIST

The following is a checklist of paperwork that may be needed for us to complete your licensing process. If you have any questions regarding these, please call our office.

1. Proof of Incorporation, if applicable
2. Fictitious Name Registration – If not using your legal name in title of business
3. Copy of State License, Registration or Certificate (depending on occupation)
4. Copy of driver's license or other picture ID
5. Square Footage of your Building or Unit
6. Proof of exemption – if claiming such, see page 1 of application
7. Occupational license fee

ALL BUSINESSES ARE REQUIRED to be inspected by the Fire Department before applications are finalized.

FOR LICENSE TRANSFERS: (change of business owner or location)

The ***original current*** Holly Hill Occupational License Certificate from previous owner must be submitted with this application for transfer.

ALL BUSINESSES MUST obtain a Volusia County Business Tax Receipt after receiving your Holly Hill Business Tax paperwork in the mail.

This can be obtained at their website: <http://www.volusia.org/revenue/BTRHelp/New.htm>

Fictitious Name Registration, Incorporation & LLC (Limited Liability Corp) can be obtained through their website: www.sunbiz.org

CITY OF HOLLY HILL LOCAL BUSINESS TAX APPLICATION

CIRCLE ONE: New Business OR - TRANSFER OF: Address Owner

Date _____

Business Name _____

Business Address _____ Unit # _____ Bus. Tel. _____

Mailing Address (if different) _____ City _____

E-mail _____ Website Address: _____

Type of Business (Describe in Detail) _____

Owner _____ DOB _____ Tel. _____

Home Address _____

Driver's License _____ SS # _____

Manager/ Operator/Contact Person _____ DOB _____ Tel. _____

HomeAddress _____

Driver's License # _____ SS # _____

Federal Employer ID Number _____

Exempt From Fee If: Charitable Organization _____; Church _____; Non-Profit _____

CERTIFICATE: I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that if any portion is false or misrepresented, such fact may constitute a criminal violation of City Code, and cause for immediate revocation of any license issued to me. If any refund is due, please note that the application fee is non-refundable. I further understand that if I engage in a business under a fictitious name, I must comply with the "Fictitious Name Statute", Section 865.09, Florida Statutes.

Signature _____ Date _____

B&Z OFFICE USE ONLY

Zoning Designation _____ Zoning Official Signature _____

Date _____ Comments _____

Fire Inspector Signature _____ Date _____

Comments _____

Classification _____

License Number _____

Occupational License Fee _____

Fire Inspection Fee _____

Application Fee (non-refundable) 20.00

Transfer Fee _____

TOTAL _____

PLEASE ENTER ALL APPLICABLE INFORMATION:

BUILDING/UNIT	_____	Square Footage
RETAIL OR WHOLESALE MERCHANTS:	_____	Inventory Value
RESTAURANT	_____	# of Seats
MANUFACTURING	_____	# of Employees
HOTEL/MOTEL/APARTMENT	_____	# Units
GAS STATION	_____	# of Nozzles
BEAUTY/BARBER SHOP	_____	# of Chairs
ALF, RETIREMENT HOME	_____	# of Units/Residents

IF TRANSFER, PLEASE FILL OUT OLD INFORMATION:

Business Name _____

Business Address _____ Phone # _____
