



# City of Oak Hill

234 US Highway 1  
Oak Hill, Florida 32759

## Local Business Tax Receipt

-- Please Print --

1. Business Name: \_\_\_\_\_ License # \_\_\_\_\_
2. Address of Business: \_\_\_\_\_
3. Type of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_
4. License Renewal Notice Delivery Method ☐ E-Mail ☐ Mail (List below)  
\_\_\_\_\_
5. Do you (the Applicant) own the Property? ☐ Yes ☐ No
  - a. If no, list Owner's Name and Phone: \_\_\_\_\_
6. Full Name of Applicant applying for License: \_\_\_\_\_
7. E-mail Address: \_\_\_\_\_
8. Home Address: \_\_\_\_\_
9. FEIN if any or SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_
10. Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_
11. Select Applicable Items: ☐ New Business ☐ Transfer / Name ☐ Transfer / Address  
☐ Renewal ☐ Transfer / Owner
  - a. Transferred from: \_\_\_\_\_
12. EMERGENCY INFORMATION: Please provide alternate name(s) & phone numbers for after hours / emergencies: \_\_\_\_\_
13. May the City include your business name & phone number in the Oak Hill Vendor List available to the public at City Hall and on the City's website? ☐ Yes ☐ No

*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 a Business Tax Receipt License. Any person, form, 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 ordinance, 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. NOTE: If the State of Florida requires a license, permit, inspection, certification, registration, etc., for your occupation or business, please attach.

Signature & Title of Applicant

Date

↓ FOR CITY USE ↓

Fee:\$

DRA / Zoning: \_\_\_\_\_ Business Tax Specialist: \_\_\_\_\_