



230 N. Tubb Street • P.O. Box 98 • Oakland, FL 34760 • 407.656.1117

### **Local Business Tax Receipt Requirements - Home Based Business**

- Any person engaging in or managing any business, profession, or occupation within the municipal boundaries of the Town of Oakland must file an application for a local business tax receipt. If the business begins operating prior to the issuance of such receipt, a penalty of up to \$250 will be charged.
- Payment is collected at the time the application is submitted to the Town Clerk.
- Businesses/Professions that require a license from a Florida state agency must provide copies of such license prior to the issuance/renewal of a Business Tax Receipt.

#### **Please attach a copy of the following if applicable:**

- Articles of Incorporation, LLC and/or fictitious name certificate - [www.sunbiz.org](http://www.sunbiz.org)
- Professional License: Florida Department of Health - [www.floridahealth.gov](http://www.floridahealth.gov)
- State License: Department of Business and Professional Regulation - [myfloridalicense.com](http://myfloridalicense.com)
- Florida Department of Agriculture and Consumer Services - [www.fdacs.gov](http://www.fdacs.gov)

#### **Office Use Only**

Tax Receipt Number:	Approval Date:
Business Classification:	Fee Due:
Fiscal Year Paid:	Approved By:
Special Conditions:	



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**Local Business Tax Receipt Application - Home Based Business**

**Please Check One:**

- New Business to Town of Oakland
- Information Update/Renewal Changes
- Address Change – Former Address: \_\_\_\_\_
- Name Change – Previous Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: _____	Mobile Phone: _____
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E-Mail Address: _____	Business Website: _____
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FEI No.: _____	Driver’s License No.: _____
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Type of Business:  Individual  Fictitious  Corporation  LLC SUNBIZ ID No.: \_\_\_\_\_

Number of Employees: _____	Number of Business Vehicles: _____
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Please describe the nature of your business/occupation: \_\_\_\_\_

Is a mobile trailer used for your business? \_\_\_\_\_

Address where receipt and/or correspondence should be mailed: \_\_\_\_\_

**Person to notify in case of emergency:**

Name: \_\_\_\_\_

Mobile Phone: _____	E-Mail: _____
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I, \_\_\_\_\_ certify that the information given above is true to the best of my knowledge. I understand that any false information given in this application may be sufficient cause to have this tax receipt revoked. I acknowledge that this tax receipt is for the privilege of engaging in the business, profession, or occupation and that I will comply with all applicable codes of the Town of Oakland.

Applicant Signature	Date
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## Notice Regarding Collection of Social Security Number

Social Security Number (If FEIN was not provided): \_\_\_\_\_

### Florida Statutes:

#### **119.071 General exemptions from inspection or copying of public records. (5) OTHER PERSONAL INFORMATION.**

c. The Legislature intends to monitor the use of social security numbers held by agencies in order to maintain a balanced public policy.

2.a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is:

- (I) Specifically authorized by law to do so; or
- (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law.

b. An agency shall identify in writing the specific federal or state law governing the collection, use, or release of social security numbers for each purpose for which the agency collects the social security number, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of social security numbers complies with the specific applicable federal or state law.

c. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.

3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2. The written statement also shall state whether collection of the individual's social security number is authorized or mandatory under federal or state law.

4. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2., the agency shall immediately discontinue the collection of social security numbers for that purpose.

### State Law Governing the Collection of Social Security Number:

**205.0535 Reclassification and rate structure revisions.** (6) A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.