



**City of Keystone Heights**  
**555 S. Lawrence Blvd., Keystone Heights FL 32656**  
**Tel. (352) 473-5807 Fax. (352) 473-5101**  
[www.keystoneheights.us](http://www.keystoneheights.us)

**APPLICATION FOR  
 BUSINESS TAX**

**Any Tax NOT renewed by November 1<sup>st</sup> shall be subject to delinquency penalties pursuant to the penalties described in Section 205.053, Florida Statutes.**

**BUSINESS INFORMATION**

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

Physical Address: \_\_\_\_\_  
STREET NO./NAME CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
STREET NO./NAME CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Federal ID Number (FEIN) \_\_\_\_\_

Website \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

List Type of Products Sold/Services Provided: \_\_\_\_\_

**BUSINESS OWNER INFORMATION**

NAME: \_\_\_\_\_  
LAST FIRST

Physical Address: \_\_\_\_\_  
STREET NO./NAME CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
STREET NO./NAME CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION**

Parcel Number: \_\_\_\_\_ Electric Meter No: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
LAST FIRST

**\*\*\*\*\*Please provide a copy of SIGNED Lease Agreement\*\*\*\*\***

**ADMINISTRATIVE USE**

Zoning Approved:  yes  no \_\_\_\_\_ Property Land Use \_\_\_\_\_ Property Zoned \_\_\_\_\_  
(CLERK'S INITIALS)

Keystone Heights Change in Occupant Permit No \_\_\_\_\_ Paid Fee  cash  check No \_\_\_\_\_

Clay County Permit Number \_\_\_\_\_ Passed Inspection  yes  no \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Issued No. \_\_\_\_\_