



City of Keystone Heights
 555 South Lawrence Blvd Keystone Heights, Florida 32656
 352.473.4807 Office 352.473.5101 Fax



Application for Business Tax

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

BUSINESS INFORMATION

Business Name _____ Date: _____

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. _____