

# ALACHUA COUNTY LOCAL BUSINESS TAX REGISTRATION

Alachua County Tax Collector's Office  
Local Business Tax Division (352) 337-6227

Alachua County Administration Bldg.  
PO Box 140960, Gainesville, FL 32614-0960

**Please complete and return for business tax calculation by this office; a notice showing amount due will be sent to you for payment. Payment is due before business opens.**

**Certain professions are required to produce proof of state registration or certification. See enclosed information sheet.**

Exemptions are given to certain persons, if criteria are met, including but not limited to: disabled persons, widows with minor dependents, people 65 years of age or older and disabled veterans. Call 352-337-6227 for more information.

**Please print or type:**

Business

Name \_\_\_\_\_

Owner

Name \_\_\_\_\_

Location (must be a physical location, not a mailbox)

Address: \_\_\_\_\_ City \_\_\_\_\_

Mailing

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Type of Business (be specific) \_\_\_\_\_ Date Business Started \_\_\_\_\_

E-Mail Address \_\_\_\_\_ If your business name or address changed in the last year, please attach details.

**Only complete applicable spaces. (tax due is based on information provided below.)**

Value of your inventory for: Retail Sales \$ \_\_\_\_\_ Wholesale Sales \$ \_\_\_\_\_

Number of workers employed, including owner: \_\_\_\_\_ Number of vehicles operated: \_\_\_\_\_

Number of seats/accommodations: \_\_\_\_\_ Number of rooms/apts rented \_\_\_\_\_

Number of pumps (# of persons that can pump gas at one time): \_\_\_\_\_

Number of coin-operated machines (Attach list of type, vending price and number)

**PAST DUE PENALTIES WILL BE ADDED AFTER OCTOBER 1 OF EACH YEAR. FAILURE TO PAY THE BUSINESS TAX WITHIN 150 DAYS OF NOTIFICATION WILL RESULT IN AN ADDITIONAL PENALTY OF \$250.**

**I UNDERSTAND I AM PAYING A BUSINESS TAX ONLY AND THAT I MUST MEET ALL APPLICABLE ZONING, COUNTY AND STATE REQUIREMENTS BEFORE I CAN LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION.**

Signature: \_\_\_\_\_ Position in firm: \_\_\_\_\_ Date: \_\_\_\_\_

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