



# CITY OF DUNNELLON

## BUSINESS TAX APPLICATION

BUSINESS PHONE NUMBER:  
BUSINESS FAX NUMBER:  
BUSINESS CELL NUMBER:

**TYPE OR PRINT LEGIBLY USING INK**  
FILL FORM OUT IN ITS ENTIRETY

REVIEW ALL RESPONSES FOR ACCURACY & SUBMIT APPLICATION TO:  
CITY OF DUNNELLON ATTN: BUSINESS TAX DIVISION  
20750 River Dr • Dunnellon, Florida 34431  
Telephone (352) 465-8500 Ext 1008

1. BUSINESS NAME

2. TYPE OF APPLICATION

NEW  TRANSFER  OTHER

CITY RESIDENT YES - NO

**FICTITIOUS NAME REGISTRATION MUST ACCOMPANY THIS APPLICATION (IF APPLICABLE)**

3. MAILING ADDRESS (INCLUDE ZIP CODE)

**TYPE OF BUSINESS**

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

LLC

VENDOR (INCLUDE DATE(S))

4. BUSINESS STREET ADDRESS (INCLUDE ZIP CODE)

5. NATURE OF BUSINESS (DESCRIBE IN DETAIL)

6. PRESIDENT'S OR OWNER'S NAME(S)

CONTACT NAME

IF CORPORATION, ALSO NEED REGISTERED AGENT'S NAME

CONTACT PHONE NUMBER

SALES TAX#  
FEIN OR SS#

DRIVERS LICENSE #

STATE

7. PRESIDENT'S/OWNER'S ADDRESS

8. TELEPHONE NUMBER

9. This is a business tax only. It does not permit the payee to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the payee from any other license or permits that may be required by law.

I acknowledge that I have read this business tax application. I understand and agree that all City of Dunnellon ordinances shall be complied with whether specified or not. I shall also meet all the necessary zoning, fire marshal, health and police regulations and any other applicable laws & ordinances pertaining to the business for which this tax is paid. Improvements may be required as a result of change of use or change of occupancy/occupant.

**APPLICANT'S SIGNATURE**

**DATE**

10. **OFFICIAL USE ONLY** (BELOW THIS LINE)

PLANNING & ZONING SIGNATURE  
REMARKS:

HOME OCCUPATION  
REMARKS:

BUSINESS TAX DIVISION APPROVAL

# CITY OF DUNNELLON INFORMATION SHEET

THE FOLLOWING INFORMATION IS REQUIRED TO ENSURE THAT THE DUNNELLON POLICE DEPARTMENT'S RECORDS ARE ACCURATE AND IS USED STRICTLY FOR LAW ENFORCEMENT PURPOSES:

NAME OF BUSINESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_

BUSINESS OWNERS NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

BUILDING OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBERS TO CALL: PLEASE PROVIDE KEY HOLDER NAMES.

- |                |               |
|----------------|---------------|
| 1. NAME: _____ | NUMBER: _____ |
| 2. NAME: _____ | NUMBER: _____ |
| 3. NAME: _____ | NUMBER: _____ |

ALARM SYSTEM:     YES         NO                      TYPE: DIRECT \_\_\_\_\_

TELEPHONE DIALER \_\_\_\_\_

AUDIBLE \_\_\_\_\_

OTHER \_\_\_\_\_

### CITY OF DUNNELLON'S WRITTEN STATEMENT

THE CITY OF DUNNELLON COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS: IDENTIFICATION AND VERIFICATION. CREDIT WORTHINESS: BAD DEBT COLLECTION, BILLING AND PAYMENTS. DATA COLLECTION: RECONCILIATION AND TRACKING. EMPLOYMENT: PAYROLL, BENEFIT PROCESSING, WAGE/TAX REPORTING, DETERMINING IF VENDOR IS 1099 ELIGIBLE UNDER IRS REPORTING REQUIREMENTS, IDENTIFICATION OF INDIVIDUALS ARRESTED, PATIENT REPORTING, AND BACKGROUND CHECKS. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.