



CITY OF MARY ESTHER

Business Tax Receipt Administrator
195 N. Christobal Rd., Mary Esther, FL 32569
Ph: 850-243-3566 x 10 Fax: 850-243-0736
E-Mail: licenses@cityofmaryesther.com
Website: cityofmaryesther.com

Application Date: _____

Business ID#: _____

BUSINESS TAX RECEIPT APPLICATION

___ New Business
___ Change of Address—Former Address _____
___ Business Name Change—Former Name _____

BUSINESS INFORMATION			
BUSINESS NAME: _____			
BUSINESS ADDRESS: _____			
(Street)	(City)	(State)	(Zip)
MAILING ADDRESS: _____			
(Street)	(City)	(State)	(Zip)
NAME OF PLAZA: _____			
BUSINESS PHONE #: _____		ADDITIONAL PHONE #: _____	
If Applicable State License #: _____		Fictitious Name Reg. #: _____	
Okaloosa County Tax Receipt #: _____		Corporation _____	S-Corp _____ LLC _____ Sole Proprietor _____
Web-Site: _____		E-Mail Address: _____	

APPLICANT/OWNER			
OWNER NAME: _____	PHONE #: _____		
CORPORATION: _____	PHONE #: _____		
ADDRESS: _____			
(Street)	(City)	(State)	(Zip)
Pursuant to F.S. 205.0535 (5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must complete the attached form with the Social Security number for the person being taxed pursuant to section FS. 119.071 (5).			
FEIN: _____ or Social Security Number (To be completed on attached document)			
DRIVER'S LICENSE #: _____		STATE: _____	

CONTINUE ON REVERSE SIDE



