



TOWN OF CALLAHAN

Post Office Box 5016 • Callahan, Florida 32011
Phone No. 904-879-3801 • Fax No. 904-879-6151
Website Address – www.townofcallahan-fl.gov

Chartered 1911

BUSINESS TAX RECEIPT APPLICATION (NON – PERMANENT/VENDOR BUSINESSES)

THE FOLLOWING ARE REQUIRED WITH COMPLETED APPLICATION

- Two (2) Sets of Fingerprints
- Surety Bond of \$1,000.00
- A Personal Photograph
- Written Approval by Property Owner
- Background/Record Check

SECTION 1: BUSINESS INFORMATION

New _____ Transfer _____ Name Change _____ Renewal _____

Business Name: _____

Location Site/Address: _____

Mailing Address: _____ SSN OR FEIN # _____

City: _____ State: _____ Zip Code: _____

Business Operations/Description: _____

*** Food Service Facilities Must Indicate Disposal Method of "Gray" Water ***

*** Food Service Facilities Must Provide All State Licenses Required and Proof of Fictitious Names Registration ***

License Type: _____ License # _____

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Check Appropriate Box Below & Attach FL Dept. of Corporations Documents:

Sole Proprietor _____ Partnership _____ Corporation _____ LLC, Fictitious Name Registration _____

Telephone: 904-879-3801 • Fax: 94-879-6151 • admin2@townofcallahan-fl.gov
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SECTION 2: BUSINESS OWNER / APPLICANT INFORMATION

Name: _____ Copy of Photo ID Attached _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Alternate No. _____

SSN _____ Copy of Driver's License Attached _____

SECTION 3: CERTIFICATION

I certify that all information contained herein is true and correct to the best of my knowledge and belief. I understand that any false or misleading information in this application may be cause for this Business Tax Receipt Certificate to be revoked. Issuance is contingent upon complying with the Town of Callahan Code of Ordinances and failure to do so could result in revoking this Business Tax Receipt Certificate.

Signature of Applicant: _____ Date: _____

***** The Town of Callahan kindly asks for up to 48 Hours before any payment can be accepted for a Business Tax Receipt in order that the submitted application & documentation can be reviewed. Thank you in advance.**

Town of Callahan
Waiver/\$25.00 Exemption of
Business Tax Fee

I, _____, do hereby certify that I meet the Florida State Statute requirements for a business tax fee exemption in accordance with the item checked below and I do hereby apply for the same. I understand that fraudulent claims will result in prosecution.

___ I am a physically disabled person, incapable of manual labor; do not have more than 1 employee; use my own capital, which does not exceed \$1,000 and do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Physician Certificate of Disability from performing manual labor is required).

___ I am a widow(er) with dependent children; do not have more than 1 employee; use my own capital, which does not exceed \$1,000 and do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Marriage Certificate and children's Birth Certificates and Death Certificate required).

___ I am 65 years of age or older; do not have more than 1 employee; use my own capital, which does not exceed \$1,000 and do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Florida driver's license or other proof of age required).

___ (\$25 Exemption) I am an honorably discharged wartime veteran; disabled from performing manual labor; an elector of the State of Florida; carry on my business or occupation mainly by my personal efforts as my means of livelihood and do not sell intoxicating liquors or malts and vinous beverages. (F.S. 205.171 – Honorable Discharge Certificate and Government produced Certificate of Disability or Physician's Certificate of Disability from performing manual labor required).

___ (\$25 Exemption) I am the un-remarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor; an elector of the State of Florida; carry on my business or occupation mainly by my personal efforts as my means of livelihood and do not sell intoxicating liquors or malts and vinous beverages. (F.S. 205.171 – Honorable Discharge Certificate and Government produced Certificate of Disability or Physician's Certificate of Disability from performing manual labor and Marriage Certificate and Death Certificate required).

Applicant Signature: _____ Date: _____