



WAKULLA COUNTY
PLANNING & COMMUNITY DEVELOPMENT

3093 Crawfordville Highway • Crawfordville, FL 32327
850/926-3695 • Fax – 850/926-1528

PLEASE PRINT OR TYPE

LOCAL BUSINESS TAX RECEIPT APPLICATION

Business Name: _____

Owner's Name: _____ Street Address: _____

City, State, Zip Code: _____

Telephone: _____ Email: _____

Physical Location of Business: _____

This business will operate: ☐ At a Residential Home ☐ At a Commercial Building

Number of Employees: _____

Social Security Number:

OR

Federal ID Number:

Check Type of Business:

☐ Retail Sales ☐ Restaurant ☐ Public Service ☐ Lodging
☐ Professional Services ☐ Contractor ☐ Sub-Contractor

Briefly describe the Business' Activities: _____

Is the Business Incorporated or LLC? ☐ Incorporated ☐ LLC

If not Incorporated or LLC, is Business operating using your first and last name? ☐ Yes ☐ No

■ If "No", has the name been registered as a fictitious name? ☐ Yes ☐ No

Applicant Signature

Title

Date

CONDITIONS OF APPROVAL:

No signage, customers and/or employees, and commercial storage or vehicles at residence.

I understand and acknowledge the applicable conditions associated with the issuance of this license.

Please initial: _____

APPLICATION COMPLIES WITH

COUNTY ZONING REGULATIONS:

County Zoning Official

Date

***FEE: \$20.00**

Received by: _____ Receipt #: _____

*Building Department Inspection and associated fee may apply.

APPLICATION COMPLIES WITH

BUILDING'S CERTIFICATE OF OCCUPANCY:

County Building Official

Date

Fire Inspection (if required): ☐ Yes ☐ No

Public Safety Director/Fire Chief

Date

Change of Use Inspection (if required):

FEE: \$80.00

Receipt # _____ Permit # _____

Rev.7/16/21

THIS APPLICATION WILL EXPIRE SIX MONTHS FROM THE DATE OF THE ZONING OFFICIAL'S SIGNATURE IF THE LOCAL BUSINESS TAX RECEIPT HAS NOT BEEN OBTAINED