

**CITY OF STARKE**  
**Declaration of Information for Business Tax Receipt**

PURSUANT TO SECTION 205.0535, FLORIDA STATUTES, AND THE CITY OF STARKE CODE OF ORDINANCES, CHAPTER 12, LICENSE RATES WILL, FOR MANY BUSINESS CLASSIFICATIONS, BE BASED UPON VARIABLES SUCH AS INVENTORY, NUMBER OF EMPLOYEES, SEATING CAPACITIES, NUMBER OF COIN OPERATED MACHINES, PRODUCTION UNITS, ETC. IT IS NECESSARY THAT THE CITY ANNUALLY UPDATE THIS INFORMATION IN ORDER TO ACCURATELY ASSESS THE RATES AND FEES. PLEASE COMPLETE ALL APPLICABLE ITEMS BELOW, WHICH PERTAIN TO YOUR PARTICULAR CATEGORY OF BUSINESS. A LICENSE IS REQUIRED FOR EACH SEPARATE CLASSIFICATION OF BUSINESS. PLEASE COPY FOR EACH BUSINESS.

License No.: _____	New/Transfer/Renewal: _____		
Date Applied: _____	<b>THIS AREA FOR CLERK'S OFFICE USE ONLY</b>		
Code No.: _____	Fee \$ _____	APP Fee \$ _____	Total Fee \$ _____

**NAME AND MAILING ADDRESS**

Business Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_ (Fictitious Name Change Required)

Type of Business: \_\_\_\_\_

Sole Proprietor [  ]; Corporation [  ]; Professional Association: [  ]; Partnership: [  ]; Other: [  ]

APPLICANT'S NAME: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

STATE LICENSE # (if required): \_\_\_\_\_; COUNTY LICENSE # (if required): \_\_\_\_\_

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

Address State Zip

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

Address State Zip

PHONE NO (if different): \_\_\_\_\_ SS# or TAX ID #: \_\_\_\_\_ SALES TAX # \_\_\_\_\_

**NOTE: A \$5:00 PROCESSING FEE IS APPLIED TO EACH LICENSE WHEN IT IS OBTAINED.**  
**BUSINESS ACTIVITY CLASSIFICATIONS:**

**Check all that apply to your business.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1000 Agencies/Agents/Brokers<br><input type="checkbox"/> 1500 Alcohol Sales<br><input type="checkbox"/> 1700 Association<br><hr/> <input type="checkbox"/> 2000 Automobile, RV,<br>Motorcycle Activity<br><input type="checkbox"/> 2500 Banking, Lending,<br>Financial Investments<br><input type="checkbox"/> 2800 Communications<br>Services<br><hr/> <input type="checkbox"/> 3000 Contractors<br><input type="checkbox"/> 3500 Entertainment,<br>Amusement, Sports<br><input type="checkbox"/> 3750 Exhibition/Meeting<br>Facility<br><input type="checkbox"/> 3800 Flea Market<br><input type="checkbox"/> 3900 Fortune Teller, Psychic,<br>Etc.<br><hr/> | <input type="checkbox"/> 4000 Gas & Oil Dealers<br><input type="checkbox"/> 4100 Hospitals & Short/Long<br>Term Care Facilities<br><input type="checkbox"/> 4200 Insurance Companies<br><input type="checkbox"/> 4250 Junk Dealers<br><input type="checkbox"/> 4300 Manufacturers<br><input type="checkbox"/> 4450 Medical Facilities<br><input type="checkbox"/> 4500<br><input type="checkbox"/> 4999 Merchants<br><hr/> <input type="checkbox"/> 5000 Miscellaneous<br><input type="checkbox"/> 5500 Professional<br><hr/> <input type="checkbox"/> 6000 Professional/<br>Administrative Offices<br><input type="checkbox"/> 6300 Rentals<br><input type="checkbox"/> 6500 Restaurants/Lounges<br><input type="checkbox"/> 6700 Schools/Teachers<br>(not public)<br><hr/> | <input type="checkbox"/> 7000<br><input type="checkbox"/> 7999 Services<br><hr/> <input type="checkbox"/> 8000 Vending/Coin Operated<br>Machines<br><input type="checkbox"/> 8200 Utilities<br><input type="checkbox"/> 8700 Warehouses/Storage<br>Facilities<br><input type="checkbox"/> 9000 Other (please specify)<br><hr/> |
|---|--|--|

**PLEASE COMPLETE ALL BUSINESS ACTIVITY CLASSIFICATIONS FOR YOUR BUSINESS.** (All information should be based on the previous calendar year end or opening day inventory, employees, etc.)

A. NUMBER OF EMPLOYEES (Total number of employees receiving a W-2 or a 1099 Misc for \$3,600.00 or more. (Do not include those employees required to pay a fee as a professional) \_\_\_\_\_

B. RETAIL/WHOLESALE MERCHANTS (Includes Rental, Lease, Consignment, etc.) Please enter the dollar amount of the inventory: \$ \_\_\_\_\_

C. RENTAL/LEASE LODGING FACILITIES (Number of Units): \_\_\_\_\_

D. RESTAURANTS – No. of Seats: \_\_\_\_\_ No. of Drive-Thru/Walk-Up Windows: \_\_\_\_\_

E. BANKING & LENDING INSTITUTIONS – No. of Locations: \_\_\_\_\_ No. of ATM Machines: \_\_\_\_\_

F. SERVICE STATIONS – No. of Nozzles or Dispensers: (Include Kerosene, Diesel, etc. Dispensers): \_\_\_\_\_  
(Retail Merchant's License Required)

G. MACHINES (Coin Operated/Vending/Service/Entertainment):

1. # of Coin-Operated Amusement Machines: \_\_\_\_\_
2. # of Coin-Operated Amusement Machines: \_\_\_\_\_
3. # of Coin-Operated Service Machines: \_\_\_\_\_

H. NUMBER OF POOL, FOOTBALL, BOWLING, HOCKEY TABLES, ETC.: \_\_\_\_\_

I. THEATERS (Number of Seats): \_\_\_\_\_

J. NUMBER OF TRUCKS: \_\_\_\_\_

K. UNITS – MANUFACTURING/STEAM CLEANING & DRY CLEANING: \_\_\_\_\_

L. NUMBER OF BEDS: \_\_\_\_\_

M. OTHER: (Please Specify): \_\_\_\_\_

WHAT WAS THE PREVIOUS USE OF YOUR BUSINESS LOCATION? \_\_\_\_\_

WHEN WAS YOUR BUSINESS LOCATION LAST USED? \_\_\_\_\_

The above information is used for **ZONING PURPOSES**. The issuance of an **BUSINESS TAX RECEIPT** means you have paid the fee for your City Business License. It is your responsibility to verify that you are in compliance with all local and state requirements. Direct any zoning questions to (904) 966-6213.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF ANY PORTION IS FALSE OR MISREPRESENTED, SUCH FACT MAY CONSTITUTE A CRIMINAL VIOLATION OF THE CITY CODE, **SECTION 22**.

I FURTHER UNDERSTAND THAT THE ISSUANCE OF AN BUSINESS TAX RECEIPT IS A CERTIFICATE OF PAYMENT OF THE FEES LEVIED BY THE CITY FOR THE PRIVILEGE OF CARRYING ON OR ENGAGING IN A BUSINESS, PROFESSION, OR OCCUPATION UNDER THE CITY'S MUNICIPAL POWER.

AUTHORIZED SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

TITLE: (Corporate Seal is Required): \_\_\_\_\_ (SEAL)

DATE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_