

CITY OCCUPATIONAL TAX AFFIDAVIT

CITY OF GAINESVILLE

Billing & Collections Division

Thomas Center
306 NE 6th Avenue, Bldg. B

Post Office Box 490
Gainesville, Florida 32602-0490
(352) 334-5024

City Hall, Third Floor
200 E. University Avenue

PART I — AFFIDAVIT — INSTRUCTIONS AND INFORMATION

- Please complete where checked and return for occupational tax fee calculation by this office; a notice showing amount due will be sent to you for payment, or return your remittance in the amount as shown in Part II.
Original occupational tax/receipt must be surrendered for name, address, or ownership changes.
Certain professions are required to have a performance bond and/or must present proof of State Registration.

EXEMPTIONS ARE GIVEN TO DISABLED PERSONS, WIDOWS WITH MINOR DEPENDENTS, PERSONS 65 YEARS OF AGE OR OLDER, AND DISABLED VETERANS, IF CRITERIA IS MET. CALL OUR OFFICE FOR MORE INFORMATION.

APPROVED ZONING COMPLIANCE MUST BE SUBMITTED WITH THIS AFFIDAVIT.

Please complete where checked — please print or type.

Date: _____

Business Name: _____ Business Location: _____ STREET

Mailing Address: _____ STREET OR BOX NUMBER, SUITE OR APARTMENT NUMBER CITY STATE ZIP

Nature of Business: _____ CITY STATE ZIP NATURE OF BUSINESS

Phones: Business (____) _____ Home (____) _____

E-mail Address: _____

Date Business Started: _____ Owner of Business: _____ PRINT NAME

REQUIRED INFORMATION:

Fill in applicable blank spaces. (Tax due is based on information provided below.)

- Your cost value of merchandise for: Retail Sales \$ _____ Wholesale Sales \$ _____
Number of workers employed including owner: _____ Number of vehicles operated: _____
Number of seats/accommodations/carstalls: _____ Number of pumps: _____ Number of rooms rented: _____
Number of coin-operated machines (list type, vending price, and number of the back of this form or attach list): _____
State previous occupant or address: _____

Signature of Applicant: _____

Other _____ Position in firm: _____

I UNDERSTAND I AM PAYING AN OCCUPATIONAL TAX ONLY AND THAT I MUST MEET ALL CITY, ZONING, COUNTY, AND STATE REQUIREMENTS BEFORE I CAN LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF GAINESVILLE, FLORIDA.

PART II — OCCUPATIONAL TAX CATEGORY AND FEE (to be completed by Occupational Tax Division on basis of "Nature of Business" in Part I)

Table with 2 columns: Category, \$ (Amount). Includes rows for individual categories and a *TOTALS row.

*(include penalty payment of \$ _____ if not paid on or before _____. Paid by cash or check?

FAILURE TO OBTAIN OCCUPATIONAL TAX WITHIN 180 DAYS OF NOTICE WILL RESULT IN ADDITIONAL PENALTY OF \$250.00.

Zoning Classification: _____ Approved by: _____ Date: _____

Fire Department: _____ Approved by: _____ Date: _____

Tax No. _____ Validation No.: _____ Dated: _____ Mailed/Delivered: _____ By: _____

- Enterprise Zone
Minority Business