



WAKULLA COUNTY PLANNING & COMMUNITY DEVELOPMENT

3093 Crawfordville Highway • Crawfordville, FL 32327
850/926-3695 • Fax – 850/926-1528
email: wakullaplanning@mywakulla.com

PLEASE PRINT OR TYPE

LOCAL BUSINESS TAX RECEIPT

Business Name: _____

Street Address: _____

City, State, Zip Code: _____ Owner's Name: _____

Telephone: _____ Email: _____

Physical Location of Business: _____

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

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
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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

APPLICATION COMPLIES WITH
BUILDING'S CERTIFICATE OF OCCUPANCY:

County Building Official Date

*FEE: **\$20.00** Received by: _____ Receipt #: _____

*Building Department Inspection and associated fee may apply.

Change of Use Inspection (if required):

FEE: **\$80.00** Check # _____ Permit # _____

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