



Town of St. Leo

P.O. Box 2479, 34544 State Road 52
Saint Leo, Florida 33574
Phone: 352-588-2622
Fax: 352-588-3010
townclerk@townofstleo-fl.gov
www.townofstleo-fl.gov

**Business Tax Certificate
Application**

DATE SUBMITTED _____

Fiscal Year: _____ (October 1st through September 30th) Classification and fee: #__ \$_____

Name of Business: _____ Tax ID#: _____

Fictitious Name Registration Number: _____ or please certify that the above named business is exempt from registering for a fictitious name for the following reason:

- It is a Corporation, Limited Partnership or Limited Liability Company registered with the Secretary of State.
- It is licensed by the Department of Business and Professional Regulation, or the Department of Health.
- It operates under the legal name(s) of the owner(s).

Physical Address: _____

Mailing Address: _____

E-mail Address: _____

Contact Person or Manager: _____

Business phone(s): _____ Emergency or after-hours telephone number(s): _____

Make any appropriate changes and forward with payment. I understand that I am responsible for ensuring that my business complies with St. Leo's zoning regulations and restrictions set forth in its Land Development Code, available for my perusal on the Town's website and at any time upon request. I also understand I am responsible for meeting any State and County requirements regarding same.

I affirm that this application is made for the profession or business indicated, and is true and correct.

Signature Date: _____

Acceptance of this application and fee by the Town of St. Leo does not constitute an assumption that a Business Tax Certificate will be issued.