



TOWN OF SNEADS

2028 Third Avenue
PO Drawer 159

Sneads, Florida 32460

PH (850)593-6636 Fax (850)593-5079

www.sneadsfl.com or Facebook: Town of Sneads – City Hall

LOCAL BUSINESS TAX RECEIPT APPLICATION

PEDDLER LICENSE

Pursuant to Section 205.053, Florida Statue and to Town of Sneads Ordinance, tax rates will, for many businesses, be based upon variables such as: (square footage, number of employees, etc.) It is necessary that the Town update this information in order to accurately assess the Business Taxes. Please complete all applicable items below, which pertain to your category of business.

NAME AND MAILING ADDRESS

Business Name _____ Applicants Name _____

Applicants Drivers Lic. State _____ # _____ Applicant's Soc. Sec. Number _____

Copy REQUIRED

State License # _____ Federal ID Number _____
(if required)

Mailing Address _____ City _____ State _____ Zip _____

Location Address SNEADS CITY LIMITS City Sneads State FL Zip 32460

Business Phone # _____ Applicant's Phone # _____

Email Address _____ Fax Number _____

Nature of Business (List ALL activities, types of sale and services) _____

"The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Utilities Service that the Federal laws prohibiting discrimination against participant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of the individual applicants on the basis of visual observation or surname."

Please circle all that apply:

GENDER: Male or Female

ETHNICITY: Hispanic/ Latino or Not Hispanic/ Latino

RACE: (Circle one or More)

American Indian/ Alaska Native

Asian

Black or African American

Native Hawaiian/ Other Pacific Islander

White

"THIS GOVERNMENT OFFICE IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"

AFFIDAVIT

- I hereby certify that all the information provided to be true and correct to the best of my knowledge. If any portion is found to be false or misrepresented, it could or will be just cause for Business Tax Receipt to be revoked, immediately.
- I understand that the issuance of a Local Occupational/ Business Tax Receipt by the Town of Sneads does not signify that the proposed business and/or existing business/building(s) are in compliance with all local and state requirements. The issuance only means that you have paid your Business Tax to the Town of Sneads.
- I understand that if I engage in a business under a Fictitious Name, I must comply with the Fictitious Name Registration Act, Florida Statue, and Chapter 865.09.
- I understand that I must comply with all Town Ordinances and Codes and understand that failure to do so or to correct any violations is punishable by such Ordinance and cause for revocation of this Business Tax Receipt.
- I understand that it is unlawful to conduct or engage in any business, trade, occupation or profession within the Town of Sneads without first obtaining the required Business Tax Receipt. Therefore, I will inform the Town of Sneads, before starting or adding any new sales or services to my business.
- It is further understood that a penalty fee will be imposed for any violations and Business Tax Receipt revoked, immediately.
- I understand the Town will and can make routine checks of my business without notice.

Authorized Signature _____

Date _____

Print Name _____

Title _____