



GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd Street, (Second Floor), OCALA, FL 34471
(352) 629-8421 ~ Email: Building@ocalafl.org

BUSINESS TAX RECEIPT UPDATE FORM

Business License Number _____

Owner Phone Number _____

Name of Business (DBA) _____

Mailing Address _____ City _____ ST _____ Zip _____
(To receive renewal notice)

E-Mail Address _____

Quantity and Type of Professional (Per 62-81 Ocala City Ordinance) _____
(Quantity / Type)

Quantity and Type of Personal Services (Per 62-81 Ocala City Ordinance) _____
(Quantity / Type)

Eligible for exemption? (Per Florida Statue 205) No _____ Yes _____ Exemption (FS#) _____
(Additional info may be required)

Number of Apartments / Rooms / Mobile Homes / Rental Units/ Warehouse Units _____

Number of Vehicles / Trailers / Vending Machines / Nozzles _____
(Provide a list of Vending Machine(s) located in the city limits)

Vending Machine companies must provide a list of machine locations and # of machines at this location

Mobile Vendors and Taxi Franchises will require additional information prior to renewal issuance.

Required Signature and Affirmation

All information supplied shall become public record.

I swear or affirm that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Name _____ Title _____