



P.O. Drawer B
Waldo, FL 32694-0802

Office: 352-468-1001
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Established 1859

LOCAL BUSINESS TAX REGISTRATION FORM

Please be sure to read and complete this registration form, with attachments, in full. Incomplete applications will not be accepted. The registration form must be signed and notarized.

A. NEW REGISTRATION RENEWAL OF REGISTRATION

B. Process

Step One: Meet with the City of Waldo prior to completing the rest of this application, purchasing property, signing a lease, or moving to your new location to determine whether your proposed use and proposed location is consistent with the Future Land Use Map and applicable regulations. You may fill out the Certification of Land Development Code Compliance (Fee \$25) to receive official written confirmation from the City. Do not rely on land use designation information provided by any other sources, including the Alachua County Property Appraiser's Office website.

Step Two: Upon receiving land use confirmation from the City and any other necessary approvals, submit a completed Local Business Tax Registration Form, including any applicable attachments listed below:

Check all that are attached:

- Copy of Applicant's Drivers License
- Copy of Fictitious Name Certification or Articles of Incorporation from State of Florida
- Property Owner Affidavit & Signed Lease Agreement
- Copy of All Applicable State & County Licenses
- Completed After-hours Emergency Contact Form
- General Contractors: Copy of Liability Insurance & Workers' Compensation Proof of Coverage (or Certificate of Election to be Exempt)
- Check payable to the *City of Waldo*

C. Business Information

Check all that apply:

- Name Change
- Ownership Change
- Location Change (see Step One)
- Mailing Address Change
- Home Occupation (submit Home Occupation Addendum)

1. Business Name: _____
2. Business Physical Address: _____
3. Business Mailing Address: _____
4. Business Phone: (____)_____ Fax: (____)_____
5. Email Address: _____
6. Local Contact Person: _____
7. Local Address & Phone (if different than above): _____
8. Property Owner's Name & Address: _____

9. Property Owner's Telephone & Email: _____

10. FEIN or SSN: _____
11. FL Corporation # or Fictitious Name Registration #: _____
12. Type of Business: _____
13. List all business activities at location: _____

14. Number of Employees: _____

D. Property Information

1. Tax Parcel #: _____

2. Future Land Use Designation: _____

3. Special Use Permit: Not Required
 Required – Date approved: _____

I/We certify and acknowledge that the information contained herein is true and correct to the best of my knowledge. I/We understand that if any portion is false or misrepresented, it may be cause for immediate revocation of the receipt.

Applicant Signature

Co-applicant Signature

Name & Title of Applicant
(Typed or Printed)

Name & Title of Co-applicant
(Typed or Printed)



State of Florida
County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by
_____ (name of person making application).

(Notary Seal)

Signature of Notary Public –State of Florida

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Official Use Only:
Submittal Date: _____ Review Date: _____
Approved By & Date: _____
Receipt No.: _____