



Bob McKee
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BUSINESS TAX RECEIPT REGISTRATION
New Business

BUSINESS INFORMATION

Business Name (as it is to appear on receipt)

Mailing Address-(if different from physical address)

Physical Address of Business

City, State, Zip Code

City, State, Zip Code

OR

Federal Employer Identification Number * (Required by s. 205.0535(5), F.S.)

Social Security Number

Business Phone #

Alternate Phone #

Primary function of new business

OWNER(S) INFORMATION

Individual's Name OR Business Name

Address

Email

City, State, Zip Code

Fax #

Contact Name and Number (for questions regarding registration form)

GENERAL INFORMATION

Is business located within Lake County? _____ Yes _____ No.

Is business located within city limits? _____ Yes _____ No. **If "Yes", registrant may be required to purchase city's Business Tax Receipt. Please contact specific city for information.**

Is any business activity regulated by any state and/or federal agency (agencies)? _____ Yes _____ No
If "Yes", please provide a copy of all license(s), registration(s) or certification(s).

* A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

