



Bob McKee
Lake County Tax Collector
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352-343-9622

BUSINESS TAX RECEIPT AFFIDAVIT

Business Account Number: _____

Business Name: _____

Business Owner(s): _____

Physical Address of Business: _____

_____ As owner of the business listed above, I certify that I am no longer in business, as of _____, but am unable to surrender my Business Tax Receipt because it has been lost or destroyed.

_____ As owner of the above listed business, I state that my Business Tax Receipt has been lost or destroyed and request a duplicate Receipt.

_____ As owner of the above listed business, I certify that my business has moved from the original location to the location shown above. I understand there is a cost associated with a new receipt. Lake County Ordinance 2007-1, Section 13-79(b)

_____ I certify that I am no longer an owner of the above business and request my name be taken off the Business Tax Receipt.

_____ I declare that my/our business activities are not regulated by any regulatory body. I/we acknowledge that I/we have been advised by the Tax Collector's representative to seek guidance and clarification from the Lake County Building Department prior to engaging in my/our business.

_____ I acknowledge that my Business Tax Receipt reflects Public Service classification and is not a contractor's license.

_____ I acknowledge that it is my responsibility to comply with all existing federal, state, county and/or city regulatory and zoning laws.

OATH

I have reviewed the information I provided above, and under penalty of perjury, I declare that the information is true and accurate.

Signature of Owner

Date

Printed Name

Title