



Bob McKee
Lake County Tax Collector
PO Box 327
Tavares, FL 32778-0327

www.laketax.com

352-343-9602

BUSINESS TAX RECEIPT AFFIDAVIT

Business Account Number: _____

Business Name: _____

_____ **As owner of the above listed business, I state that my business has moved from the original location to the following address:**

*(Payment of a transfer fee is 10 percent of the annual business tax, but not less than \$3 nor more than \$25)
Lake County Ordinance 2007-1, Section 13-79(b)*

Please check here if your mailing address should be changed to the address shown above.

_____ **As owner of the business listed above, I state that my business is closed as of**

(Date)

*(The Property Appraiser's office must be notified if you cease doing business in Lake County. Non-renewal of your Business Tax Receipt does not remove you from the Tangible Personal Property Tax Roll) 352-253-2170
www.lakecopropappr.com*

_____ **I state that I am no longer an owner of the above business and request my name be removed from the Business Tax Receipt.**

(If business is filed under a Fictitious name, Limited Liability Company or a Corporation, please contact www.sunbiz.org to modify the state registration)

_____ **Other:** _____

OATH

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

Signature of Owner/Officer/Designee

Date

Printed Name

Title

"Serving You Is Our Only Business"