



**Business License Tax Application**  
**City of Archer**  
**P.O. Box 39**  
**Archer, FL 32618**  
**Tele # 352-495-2880**  
**Fax # 352-495-2445**

Please complete and return for a Business Tax License. License fees shall be payable on or before October 1<sup>st</sup> of each year. Exemptions are given to certain persons, including but not limited to, disabled persons, widows or widowers with minor dependents, people 65 years of age or older and disabled veterans, if criteria is met. Call (352) 495-2880 for more information.

Please print or type:

Business Name \_\_\_\_\_ Owner(s) \_\_\_\_\_

Business Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Type of Business (be specific) \_\_\_\_\_

Fictitious Name \_\_\_\_\_ (copy of registration of fictitious name to be attached) or a written statement which sets forth the reason that the applicant need not comply with the Fictitious Name Act.

Emergency Information

List two names with addresses, telephone numbers for after hours emergency contact.

1. \_\_\_\_\_

2. \_\_\_\_\_

Does your business use or generate hazardous materials or hazardous waste such as petroleum products, solvents, fertilizers, laboratory chemicals, used oil, paint waste, film developing waste, etc? **YES** or **NO** (please circle and attach list of materials to application).

Does your business use a \_\_\_\_\_ Aboveground or \_\_\_\_\_ Underground fuel storage tank system? **YES** or **NO** (Please, check one).

**Past due penalties will be added after October 1<sup>st</sup> of each year, failure to pay the Business Tax by this date will be subject to a delinquency penalty of 10% for the month of October, plus an additional 5% for each month thereafter until paid (not to exceed 25% of the business license fee). Application cost is \$37.50. If later than Sept 30 and additional fee of (\$3.00 in Oct., \$4.50 in Nov., \$6.00 in Dec., \$7.50 in Jan.). Other penalties may apply.**

I understand I am paying an Business Tax only and that I must meet all applicable requirements before I can legally operate a business, profession or occupation.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**To obtain your Business License for the City of Archer, per State Statute 205, all business must provide a Federal Employer Identification number (FEIN) or a Social Security Number from the person to be licensed.**

**This information will be kept confidential.**

**Business Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Federal Employer ID:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_