

APPLICATION TO RENEW BUSINESS TAX RECEIPT

If there have been no changes to the Business Owner, Contact Information, or Nature of Business, then simply sign this card and submit to the address noted along with the required business tax. **This form and the required payment must be received by the City of Fellsmere no later than October 1st.**

Name of Business _____
Address _____ City _____ State _____ Zip Code _____
Nature of Business _____
Contact Person _____ Title _____
Address _____ City _____ State _____ Zip Code _____
Email Address _____ Telephone Number _____
Total Business Tax Due (based on prior year payment) _____

STATEMENT: This information is given freely and voluntarily, and all the information contained in this application is true and correct.

Signature _____ Date _____
----- Do not write below this line -----
Date Application Received _____ Total Penalty Due _____ Date Paid/Receipt # _____

IMPORTANT

If there have been changes to the Business Owner, Contact Information, or Nature of Business, a different form is required. You may download this application from <https://www.cityoffellsmere.org/comm-dev/page/business-tax-receipts> or contact the City of Fellsmere at 772-646-6319 to obtain the proper form.