



APPLICATION FOR TOWN OF PIERSON LOCAL BUSINESS TAX RECEIPT

APPLICANT NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

TYPE OF BUSINESS _____

SIGNATURE _____

PLEASE MAIL COMPLETED FORM
ALONG WITH YOUR CHECK OR
MONEY ORDER TO:

TOWN OF PIERSON
ATTN: TOWN CLERK
106 NORTH CENTER STREET
PIERSON, FL 32180

**MUST ATTACH A COPY OF:
CERTIFICATE OF INSURANCE,
STATE LICENSE,
EITHER: INCORPORATION
DOCUMENTS OR
FICTITIOUS NAME REGISTRATION,
AND SALES TAX CERTIFICATE**

LOCAL BUSINESS TAX RECEIPTS
ARE VALID FROM OCTOBER
1ST – SEPTEMBER 30TH AT A
COST OF **\$50.00.**

ANY CURRENT LICENSE
EXPIRES ON SEPTEMBER 30TH.

BT License # _____

Land Development Regulations / Zoning - LDR Article V; Sub-sections Business Code:

LDR 5.5.10 B-1 General Commercial LDR 5.5.10-B-1A General Retail LDR 5.5.11 B-2 Heavy Commercial

(Department Use Only) PAID BY: CASH CHECK Date Received: _____