



# Town of St. Leo

P.O. Box 2479, 34544 County Road 52  
Saint Leo, Florida 33574  
Phone: 352-588-2622  
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TownClerk@TownofStLeo.org  
www.TownofStLeo.org

## Business Tax Certificate Application

DATE \_\_\_\_\_

Fiscal Year 2022 – 2023 (October 1 through September 30<sup>th</sup>)  
Please make any appropriate changes and forward with payment to the  
Town Administrator’s Office at the above address.

Name of Business \_\_\_\_\_

Fictitious Name Registration Number \_\_\_\_\_ or certify that the above named business is  
exempt from registering for a fictitious name for the following reason \_\_\_\_\_

- \_\_\_ It is a Corporation, Limited Partnership or Limited Liability Company registered with the Secretary of State
- \_\_\_ It is licensed by the Department of Business and Professional Regulation, or the Department of Health
- \_\_\_ It operates under the legal name(s) of the owner(s)

Tax ID# \_\_\_\_\_ Classification and fee \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business phone(s) \_\_\_\_\_

Contact Person or Manager \_\_\_\_\_ Cell \_\_\_\_\_

Emergency or after-hours telephone number(s) \_\_\_\_\_

**I understand that I am responsible for ensuring that my business complies with the Town of St. Leo’s zoning regulations and restrictions as set forth in its Land Development Code, available for my perusal on the Town website and at any time upon request. I also understand I am responsible for meeting any State and County requirements regarding same.**

**I affirm that this application is made for the profession or business indicated, and is true and correct.**

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

Print name \_\_\_\_\_

Acceptance of this application and fee by the Town of St. Leo does not constitute an assumption that a Business Tax Certificate will be issued.