



Business Tax Department
6601 E. Hwy. 22*Callaway, FL 32404
PH: (850) 871-6000*FX: (850) 871-2444

According to Ordinance #837, any persons, firms, businesses or home occupations located or operating in the City of Callaway must obtain (and maintain) a local Business Tax Receipt (BTR). This checklist should provide all the information you need to get your Business Tax Receipt.

- ✓ **Determine the type of business you want to open.**
- ✓ **Note the address of the desired business location.** Is it in the City of Callaway? If you're not sure whether you are in the City or not, call us at (850) 871-6000.
- ✓ Obtain any necessary **State licenses, registrations or permits.** Your business name must match the state documentation and you must provide proof of fictitious registration, articles of incorporation or LLC and FEIN.
- ✓ If your business name will include the **owner's first and last name**, then state registration is not necessary.
- ✓ Complete the **Callaway Residential Business Tax Receipt Application.**
- ✓ Once the **completed application and copies of all back-up documents** are turned in to the Business Tax Department, a sign will be placed in front of the property for ten (10) calendar days. After the 10 days, your application will be reviewed for approval.
- ✓ Upon notification of approval, please **bring the sign and \$50.00** to the Business Tax Department and your BTR will be created.

Renewals:

All Business Tax Receipts expire September 30th. Invoices are mailed mid-August and are due no later than October 1st. Each business is given an option of paying later with a delinquency penalty. In October the penalty is an additional \$5.00, November - \$7.50, December - \$10.00, and January - \$12.50. After **February 1st an additional late-payment penalty of \$250.00** may be applied to any unpaid Business Tax Receipt renewal.

Failure to receive an invoice is not an excuse for non-payment.



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RESIDENTIAL BUSINESS TAX APPLICATION

Name of Business _____

Name of Owner(s) _____

Owner(s) SS# or Federal ID Number _____

Physical Address _____

Mailing Address _____

Nature of Business _____

Telephone Number _____

Do you currently operate other business(es) within the City of Callaway?

Yes _____ **No** _____

***If yes, please list name(s) and address(es)** _____

Number of employees: _____

*When a person's occupation, profession, or business shall fall into more than one classification, only one local business tax will be required. However, you will need to obtain an exempt receipt at no charge for any other classifications.

