

### Business Tax Department 6601 E. Hwy 22\* Callaway, FL 32404 PH: 850-871-6000

The City of Callaway is eager to help business owners succeed in opening a business within the city limits. This checklist should provide all the information you need to get your business tax receipt in accordance with City of Callaway Ordinance #837.

- **✓** 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. If you own the property where the business is located, provide a copy of your deed or settlement statement. If not, you must include a copy of your lease agreement.
- ✓ It is a good idea to **check Zoning regulations** before starting any business activity. Call us with your address at (850) 871-4672 to check zoning appropriateness.
- ✓ 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.
- Complete the **Callaway Business Tax Receipt Application**. Once your application has been processed and approved you will be notified to pay the \$50.00 initial Business Tax fee.

#### Renewals:

All Business Tax Receipts expire September 30<sup>th</sup>. Invoices are mailed mid-August and are due no later than October 1<sup>st</sup>. 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 1<sup>st</sup> 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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# COMMERCIAL 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	
Number of Employees (at this location):	
State License # (if applicable, a copy is required):	
Does this business sell bottled gas (propane)? Yes	No
Do you currently operate other businesses within the YesNo	City of Callaway?
*If yes, please list name(s) and address(es)	

<sup>\*</sup>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.

Applicant's Signature		Date
	newly const	in a permanent business location or branch office tructed buildings may be required to have proof of a all the City of Callaway Building Official at
Note: 2. A back flow device is required on moscontacting you within a few days to inform you		· · · · · · · · · · · · · · · · · · ·
(DO NOT W	RITE BI	ELOW THIS LINE)
DI ANNING I	DEPART	MENT APPROVAL
PLANNING I		
PLANNING I Complies with the City of Callaway Com		e Growth Development Plan:
	prehensiv	e Growth Development Plan: No
	prehensive	No
Complies with the City of Callaway Com	prehensive Yes	No



## CALLAWAY FIRE DEPARTMENT



# Fire Chief David P. Joyner, Jr. djoyner@cityofcallaway.com (850)871-5300

Name of Business:	
Address of Business:	
Owner Name:	Phone #:
Primary Contact:	Phone #:
Secondary Contact:	Phone #:
Hours of Operation:	
Is this a commercial or residential location?	Commercial
Average number of occupants?	

# **Return to Fire Department when Completed**