



Charlotte County Community Development Department

Fortune Teller Local Business

Tax Application

18400 Murdock Circle, Port Charlotte, FL 33948
Phone: 941.743.1201 Fax: 941.764.4907
"To exceed expectations in the delivery of public service"

Owner's Name: _____

Have you ever been known by any other name? _____

Physical Description: Race: _____ Gender _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Last Four (4) digits of Social Security #: _____

Business Name: _____

Business Location: _____

Mailing Address: _____

City, State and Zip Code

Home Address: _____

City, State and Zip Code

Date of Birth: _____ Drivers License Number: _____

Business Phone: (____) _____ Home Phone: (____) _____

Previous work experience for last three years: _____

Provide the Name, Address, Date of Birth, Florida Drivers License Number and last four (4) digits of Social Security

Number of whom you will be employed by or working in association with:

Have you ever been convicted of a crime? _____ If you answered yes, provide the date, location of the conviction and type of crime. _____

Have you ever held a similar license or permit that was suspended or revoked? _____ If yes, provide the date and location of the revocation or suspension. _____

AFFIDAVIT

Application is hereby made for a Local Business Tax Receipt for the privilege of engaging in the business, profession or occupation herein described. I affirm, under oath, that the foregoing information (page 1) relating to my business is true and correct to the best of my knowledge and belief. I further acknowledge that the issuance of this license or acceptance by me as licensee or agent thereof, in no way confers any zoning approval or right to violate any law, ordinance or regulation of this State, County or any municipality. I understand that this license is a tax only and that I must conform to any regulatory requirements for this business, profession or occupation.

Signature of Applicant

Printed Signature of Applicant and Title

Sworn to and subscribed before me this _____ Day of _____, 20____, by _____

Who is personally known to me or has produced _____
an identification and who did or did not take an oath.

Notary Public, State of Florida