

**CITY OF LEESBURG
BUSINESS TAX REGISTRATION
RENTAL PROPERTY OWNER**

Phone (352) 728-9760 - Fax (352) 326-6617
204 N. 5th Street Leesburg, FL 34748-0630
P O Box 490630, Leesburg, FL 34749-0630



1)	Corporate Business Name			
	Doing Business As			
	Federal Tax ID #		State Tax ID #	
2)	Check the Following:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Partnership
3)	Check the Following:	<input type="checkbox"/> New Business	<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Transfer of Ownership
4)	Business Address			
	City		State	Zip
	Contact Phone		Fax Number	
	Cell Phone		E-mail	
5)	Mailing Address			
	City		State	Zip
6)	Owner's Name			
	Home Address			
	City		State	Zip
	Home Phone		Date of Birth	
	Driver License #			
7)	Corporate Officers / Emergency Contacts			
	Name		Phone #	Title
	Name		Phone #	Title
8)	List All Addresses	1)		
	Used As Rental Property	2)		
	Within City Limits	3)		
	Use other side of form	4)		
	If necessary	5)		
9)	Total # of Residential Properties		(1-15 units \$27.57 / 16-50 units \$44.10 / 51 or more \$77.18)	
	Total # of Commercial Properties		(\$44.10)	
10)	I CERTIFY THE ABOVE INFORMATION IS CORRECT.			
	Applicant Signature		Date	

NOTIFY THIS OFFICE IMMEDIATELY IF YOU CHANGE YOUR NAME, ADDRESS, SERVICES, TELEPHONE NUMBERS, OWNERSHIP, ETC.

FOR OFFICE USE ONLY	Fee Amount		Receipt #	
Tax Classification	Transferred From Control #			
Control #				
ISSUED BY:		DATE:		