

## HALF YEAR RENTAL HOUSING LOCAL BUSINESS TAX APPLICATION

1065 Ridgewood Avenue, Holly Hill, Florida 32117-2807 Phone:(386) 248-9433 – Email: permitdesk@hollyhillfl.org

LOT LAYOUT REQUIRED WITH THIS APPLICATION Provide Copy of 1. Driver's License 2. Proof of Ownership

Address of Dwelling				
Classification of Dwelling:	Single-Family		Triplex	Townhome
	What is the Sq. Fo	otage?		_
<b>IF APPLICABLE: For she</b> Proof of registration wit			- 1,	
Owner of Dwelling				
Owner Address:				
City		State		_Zip Code
Owner Email:			Owner Phone	: # <u>()</u>
Where do you want all mail	sent? Owner Ad	dress 🗌 F	Property Manager	r Address
If Applicable Property Management Comp	pany Name			
Property Management Addr	ess			
City		State		_ Zip Code
Prop Mgmt Email:		Prop Mgmt Phone # ()		
	any portion Is false or	misrepresented	l, such fact may o	to the best of my knowledge and constitute a criminal violation of
Signature of Owner/Agent				Date
		TICE USE ON	LY	
LICENSE #:				

TOTAL: \$47.57