

Suzanne Johnston

Flagler County Tax Collector

1769 East Moody Blvd., Bldg. #2 Suite 102

P.O. Box 846 - Bunnell, FL 32110 - Phone: 386-313-4160 - Fax: 386-313-4161

Palm Coast Branch Office: 7 Old Kings Road North, Old Kings Commons #12 (Near Staples)

FLAGLER COUNTY LOCAL BUSINESS TAX RECEIPT APPLICATION

Business Name: _____

Business Location: _____

City: _____ State: _____ Zip: _____

Business Telephone: (____) _____ Business Email: _____
(E-mail maybe used for sending of renewal notice)

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Business – Describe in Detail: _____

Owner: _____

Owner Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____

Date Business Has or Will Begin: _____

Federal ID # or SS#: _____ Florida Sales Tax #: _____

Number of Employees, Including Owner, Working in Flagler County: _____

Restaurants: Number of Seats: _____ Apartment/Hotel/Motel: Number of Rooms: _____
(Attach a copy of current License from State)

Vending Machines: Number of Coin Operated Machines: _____ (Attach a List of Machine Locations)

FICTITIOUS NAME: SUBMIT PROOF OF PUBLICATION OR CHECK ONE:

The above named business does not need to comply with the Fictitious Name Act for the following reason:

State Certified/State Licensed

Corporation or LLC

Owner's full name included within name of business

Other: _____

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY BE SUFFICIENT CAUSE TO HAVE THIS RECEIPT REVOKED.

SIGNATURE: _____ DATE: _____

ADMINISTRATIVE BUSINESS TAX REVIEW

ZONING OFFICE USE ONLY

Zoning Classification _____

The application is hereby approved for issuance of a Flagler County Business Tax Receipt.

Comments:

Zoning Official: _____ Date: _____
Signature

FIRE INSPECTION USE ONLY

The application is hereby approved for issuance of a Flagler County Business Tax Receipt.

Fire Inspector: _____ Date: _____
Signature

CONTRACTOR LICENSING USE ONLY

The application is hereby _____ **Approved** or _____ **Disapproved** for issuance of a Flagler County Business Tax Receipt.

Comments:

Licensing Official: _____ Date: _____
Signature

HEALTH DEPARTMENT USE ONLY (IF APPLICABLE)

The application is hereby approved for issuance of a Flagler County Business Tax Receipt.

Signature – Environmental Health Director Date: _____

SUZANNE JOHNSTON, FLAGLER COUNTY TAX COLLECTOR

1769 E. Moody Blvd., Bldg. #2
P.O. Box 846 (Mailing address)
Bunnell, Florida 32110

www.flaglertax.com

**AFFIDAVIT ATTESTING WHETHER BUSINESS IS A PAIN MANAGEMENT CLINIC AS
DEFINED BY STATE AND LOCAL LAW**

Business Name: _____ Physician's Name: _____

Business's Street Address: _____

PMC state registration number, if applicable: _____

Name of principal physician if healthcare services are rendered: _____

Applicant's Name: _____

Signature: _____

Applicant's Title: _____ Date: _____

In accordance with Section 19-271, Flagler County Code, a *Pain Management Clinic* means any privately owned pain management clinic, facility or office which advertises in any medium for any type of pain management services, or employs a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medication and is required to register with the Florida Department of Health pursuant to sections 458.3265 or 459.0137, Florida Statutes, as may be amended from time to time.

- That advertises in any medium for any type of pain-management services; or
- Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

Exceptions: A business providing health care services is not a pain management clinic if it has at least one of the following characteristics:

- a. That clinic is licensed as a facility pursuant to F.S. ch. 395;
- b. The majority of the physicians who provide services in the clinic primarily provide surgical services;
- c. The clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;
- d. The clinic is affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;
- e. The clinic does not prescribe controlled substances for the treatment of pain;
- f. The clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);
- g. The clinic is wholly owned and operated by one or more board-certified anesthesiologists, psychiatrists, or neurologists; or
- h. The clinic is wholly owned and operated by one or more board-certified medical specialists who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education, or who are also board-certified in pain medicine by a board approved by the American Board of Medical Specialties and perform interventional pain procedures of the type routinely billed using surgical codes.

In accordance with Section 19-275, Flagler County Code, a Pain Management Clinic must apply for and receive a Certificate of Use from the County at the time that it seeks issuance or renewal of the Local Business Tax Receipt for the

business, or any time that there is a change of owner or the physician of record, pursuant to Section 458.3265, Florida Statutes or Section 459.0137, Florida Statutes, as amended.

1. Is your facility a Pain Management Clinic, as this term is defined in Florida Statute?

Yes No

2. Is this Pain Management Clinic registered with the State of Florida?

Yes No

Under penalties of perjury, I hereby certify that information provided in this application is true and correct based on my knowledge and belief. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: _____
Signature of Applicant

Business Position Title: _____ (Print Legibly)
Florida Driver's License No. _____
Non-Florida Driver's License: Must be photocopied.

STATE OF FLORIDA
COUNTY OF FLAGLER

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ He/she is personally known to me or has produced _____ as identification and did take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires:

For Office Use

Office of Flagler County Tax Collector:

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__

Flagler County Tax Collector Employee:

Signature: _____ Printed Name: _____