

Business Tax Receipt Application

City of Key West
City Hall Annex
PO Box 1409
Key West, FL 33041

Date Applied 1/7/15

BTR # _____

Phone 305-809-3955

Fax 305-809-3978

Business Type: Event Planner (sole Proprietor)

Business Name: Daily Plan-it

Business Location: Jefferson City, MO (4521 Riverfront Drive)

Business Owner: Jill Snodgrass

State Licensed Qualifier (if applicable): _____

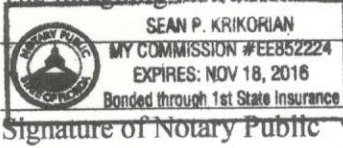
Mailing Address: 2400 Seidenburg Ave, Key West FL 33040

EIN / SS # 43-1632469 Phone # 573-680-5468

Jill Snodgrass Applicant name (printed)
[Signature] Applicant signature
1/7/15 Date

State of Florida
County of Monroe

The foregoing instrument was acknowledged before me this 7TH day of JAN, 2015, by



Signature of Notary Public [Signature] (stamp or seal). Personally known Produced id MO DL

- ___ Sales Tax number 305-470-5001 (myflorida.com)
- ___ Lease or deed
- ___ State License DBPR 850-487-1395 (myflorida.com)
Dept Ag 800-435-7352 (freshfromflorida.com)
- ___ Home occupation application
- Fictitious Name registration (sunbiz.org) Previous use _____
- ___ Corporate or LLC registration (sunbiz.org) Zoning _____
- ___ Liability / Worker's Comp
- ___ Fire Inspector 292-8179
- ___ CO / final inspection on any permits Category _____ Fee \$ _____
- Monroe County or local licensing

1200 Truman Ave
Required prior to opening for business Commercial garbage Waste Mgmt 305-296-2794

Issued in accordance with Chapter 66, Key West Code of Ordinances

___ Approved ___ Denied / Reason _____

Licensing Official Date

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G12000091366

Fictitious Name to be Registered: DAILY PLAN-IT

Mailing Address of Business: 912 GEORGIA ST #2
KEY WEST, FL 33040

Florida County of Principal Place of Business: MONROE

FEI Number: 43-1632469

FILED
Sep 18, 2012
Secretary of State

Owner(s) of Fictitious Name:

SNODGRASS, JILL E
4521 RIVER FRONT DRIVE
JEFFERSON CITY, MO 65101

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JILL E. SNODGRASS

Electronic Signature(s)

09/18/2012

Date

Certificate of Status Requested (X)

Certified Copy Requested ()

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G18000037898

Fictitious Name to be Registered: DAILY PLAN-IT

Mailing Address of Business: 2400 SEIDENBERG AVE
KEY WEST, FL 33040

Florida County of Principal Place of Business: MONROE

FEI Number:

Owner(s) of Fictitious Name:

SNODGRASS, JILL E
4521 RIVER FRONT DRIVE
JEFFERSON CITY, MO 65101

FILED
Mar 21, 2018
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JILL E SNODGRASS

Electronic Signature(s)

03/21/2018

Date

Certificate of Status Requested ()

Certified Copy Requested ()

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Daily Plan-it

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

2400 Seidenberg Ave.

6 City, state, and ZIP code

Key West, FL 33040

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or


Employer identification number

4	3	-	1	6	3	2	4	6	9
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Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*