Application for Business Tax Certificate

INDEPENDENT CONTRACTOR – INSTRUCTOR

City of St. Petersburg, Business Tax Division | Website: http://www.stpete.org/billing/business
325 Central Avenue | PO Box 2842 | St. Petersburg, FL 33731 | P: 727-893-7241 | F: 727-893-4121

FOR OFFICE USE
CONTROL # _____________  Initials _______
DATE _________________  Counter __
___ New
___ Renewal

Business Address: ___________________________________________  Zip Code __________

Individual’s Name: ___________________________________________
(Independent Contractor Applying)

Business Name (if any): ________________________________________

Federal Employer ID #: _________________________________________

Home Address (if different from mailing address):
___________________________________________
___________________________________________

OR Social Security #: _________________________________________

Business Phone: _______________________________________________

Home Phone (if different from business phone):
________________________________________________________

Applicant Name: _____________________________________________

Mailing Address: _____________________________________________
_____________________________________________________________

Business Email: ______________________________________________

Type of Instruction: __________________________________________

Number of Students (in your largest class): _______________________

ALL INDEPENDENT INSTRUCTORS MUST HAVE A VALID BUSINESS TAX

This tax application is for private instruction at a business (please note, all independent contractors, private instructors, require their own business tax). The fee is: 1-10 students (in a class): $10.00. Add $1.00 for each additional student (over 10).

Exemptions: Depending on the business conducted, you may be entitled to a tax exemption. Please indicate below if you are one of the following: legally blind, disabled and unable to perform manual labor, a veteran of the U.S. Armed Forces, a spouse of a veteran, a spouse of an active duty U.S. armed forces service member, 65 years of age or over, or are currently receiving public assistance. Indicate possible category (all exemption claims must be supported by written evidence and are subject to review by the Business Tax Division for compliance with Florida Statutes, Chapter 205).

Except as otherwise provided by law, information on this application is provided to government agencies such as the St. Petersburg Police Dept., and the Florida Dept. of Revenue.
All information submitted to us is public record.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION
**Statement of Exemption from the Fictitious Name Act:** Exemptions are limited to these reasons, per Florida Statute 865.09. This statement is a requirement of Florida Statute 205.023(2) as a prerequisite to receiving a business tax certificate. If you do not qualify for one of these four exemptions, you must have or obtain a current fictitious name registration issued by the Florida Div. of Corporations.

**Checking** the appropriate exemption certifies that compliance with the Fictitious Name Act **IS NOT REQUIRED** because:

___ I am using only my own name.

___ The application is for a corporation which has a certificate of authority to transact business in the state of Florida pursuant to chapter 607, the "Florida Business Corporation Act," or chapter 617, the "Florida Not for Profit Corporation Act".

**Declaration:** The information on this application is correct. I understand that St. Petersburg City Code makes it unlawful to apply for a business tax certificate based on false information. Any person who provides false information in the application process may be prosecuted for an ordinance violation, and is subject to the penalties provided in Section 1-7, St. Petersburg City Code.

“Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.”

_____________________________________________________
(Print name of applicant)

_____________________________________________________
(Signature of applicant)

_____________________________________________________
(Date Signed)