



Application for Business Tax Certificate

COMMERCIAL BUSINESS LOCATION

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	Initials _____
CONTROL # _____	Counter _____
DATE _____	Mail _____

Business Address: _____ Zip Code: _____

Business Phone: _____

Business Name: _____

Website URL: _____

Federal Employer ID #: _____

OR Social Security #: _____

You are subject to a 25% penalty if you started this business activity before paying this tax. This is a state law.

Mailing Name: _____

State the date you began or will begin this business

Mailing Address: _____

activity from this location: _____

Description of business activity: <i>Please note that all independent contractors require their own business tax.</i> _____ _____	Number of Units: _____ <i>(IE: No. of employees, inventory amount, etc.)</i>
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Type of Ownership: Individual Partnership Corporation LLC Other (indicate): _____

List name and addresses of all owners, partners, and, if a corporation, all officers:

Name _____ Residence Address _____ Title _____

Name _____ Residence Address _____ Title _____

Applicant Information: Applicant's Name: _____ Title: _____ Home Address: _____ Home Phone: _____ Business Email: _____	Statement of Exemption from the Fictitious Name Act: Exemptions are limited to reasons in Florida Statute §865.09. This statement is a requirement of Florida Statute §205 as a prerequisite to receiving a business tax certificate. If you do not qualify for one of these 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. _____ I am an attorney and will practice law in Florida. _____ I am certified with the Florida Department of Business and Professional Regulation to practice this activity. _____ 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." _____ I am using a fictitious name. <i>(If this is the case, return a copy of your fictitious name registration State of Florida, Department of State. If you have questions about fictitious name registrations, please contact them at (850) 488-9000).</i>
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PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

FOR OFFICE USE

_____ Commercial Location

_____ PO Box

_____ CO/Waiver Received

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 submitted to us is public record. Information on this application may be provided to government agencies such as the St. Petersburg Police Department, and the Florida Department of Revenue.

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.”

(Signature of Applicant)

(Date)