



# Application for Business Tax Certificate And *EXTENDED HOURS PERMIT*

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

<b>FOR OFFICE USE</b>	Initials _____
CONTROL # _____	Counter _____
DATE _____	Mail _____

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Website URL: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_

**OR Social Security #:** \_\_\_\_\_

Mailing Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

State the date you began or will begin this business activity from this location: \_\_\_\_\_

<b>Description of Business Activity:</b> <i>Please note that all independent contractors require their own business tax.</i>	<b>Number of Units:</b>
_____	_____
_____	<i>(IE: No. of employees, inventory amount, etc.)</i>

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 \_\_\_\_\_

<p><b>Applicant Information:</b></p> <p>Applicant's Name: _____</p> <p>Title: _____</p> <p>Home Address: _____</p> <p>Home Phone: _____</p> <p>Business Email: _____</p>	<p><b>Statement of Exemption from the Fictitious Name Act:</b> 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:</p> <p>_____ I am using only my own name.</p> <p>_____ I am an attorney and will practice law in Florida.</p> <p>_____ I am certified with the Florida Department of Business and Professional Regulation to practice this activity.</p> <p>_____ 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.</p> <p>_____ <b>I am using a fictitious name.</b> <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></p>
--	---

**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.

**Extended Hours Permit Section: This is required for establishments that sell, serve and dispense alcoholic beverages.**

*The P.O.D. shall issue a permit which allows the establishment, **if approved**, to sell, serve and dispense alcoholic beverages after midnight until the permitted closing hour of 3:00 a.m.*

**Please check the following box to confirm:**

I **“WILL BE”** selling, serving and/or dispensing alcoholic beverages after midnight until the permitted closing hour of 3:00 a.m. By checking this box, I acknowledge this will require me to obtain an extended hours permit and comply fully with St. Petersburg City Code Chapter 12.

**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)