



Application for Business Tax Certificate

CITY RECREATION CENTER – FEE 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

Rec Ctr Address: _____ Zip Code: _____

Name of Center: _____

(Any Additional): _____

Applicant Name: _____

Business Name (if any): _____

Federal Employer ID #: _____

OR Social Security #: _____

Business Phone: _____

Mailing Name: _____

Mailing Address: _____

Business Email: _____

Type of Instruction: _____

Number of Students (in your largest class): _____

ALL FEE 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.

FOR OFFICE USE

CONTROL # _____ Initials _____

DATE _____ Counter _____

____ New Mail _____

____ Renewal

Home Address (if different from mailing address):

Home Phone (if different from business phone):

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: _____

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)