



# APPLICATION FOR BUSINESS TAX CERTIFICATE: APARTMENT RENTAL UNITS (FIVE OR MORE)

<i>City of St. Petersburg Use Only</i>				
CONTROL #: _____		Initials: _____		Date: _____
Counter	Mail	Email	CO is required	No CO required

Apartment Address:	Zip Code:
Business or Owner(s) Name:	
Federal Employer ID # OR Social Security #:	
Mailing Name:	
Mailing Address:	
Business Phone:	

**This tax is for: \_\_\_\_\_ Rental Units.** [Five (5) or more only for this application]

State the date you began renting these/this apartment or room(s): \_\_\_\_\_

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:	Title:
Name:	Residence:	Title:

## APPLICANT INFORMATION

Applicant's Name:	
Title:	
Home Address:	
Home Phone:	Business Email:

**ENCLOSE A COPY OF YOUR DIV. OF HOTELS & RESTAURANTS LICENSE. FOR THEIR INFORMATION, CALL (850) 487-1395.**

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.



**Business Tax Division**  
 stpete.org/businessstax  
 license@stpete.org  
 325 Central Ave.  
 727-893-7241

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## 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.

## 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 §205.023(2) 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".

## 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:

## SUBMISSION OPTIONS

**EMAIL TO:** [license@stpete.org](mailto:license@stpete.org)

**MAIL TO:** City of St. Petersburg Business Tax Division  
P.O. Box 2842  
St. Petersburg, FL 33731

**DELIVER TO:** City of St. Petersburg Business Tax Division  
325 Central Ave.  
St. Petersburg, FL 33731