



APPLICATION FOR BUSINESS TAX CERTIFICATE: COMMERCIAL BUSINESS LOCATION

| <i>City of St. Petersburg Use Only</i> | | | | | |
|--|---------|-----------------|---------|--------------------|--|
| CONTROL #: _____ | | Initials: _____ | | Date: _____ | |
| New | Renewal | Transfer | Counter | Mail | |
| Commercial Location | | P.O. Box | | CO/Waiver Received | |

| | | |
|--|---------------------|------------------|
| Business Address: | | Zip Code: |
| Business Phone: | Website URL: | |
| Business Name: | | |
| Business Email: | | |
| 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: _____

| | |
|---|--|
| Description of business activity: <i>Please note that all independent contractors require their own business tax.</i> | Number of Units: _____ <i>(IE: Number 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: | Residential Address: | Title: |
| Name: | Residential Address: | Title: |

APPLICANT INFORMATION

| | |
|--------------------------|--------------------|
| Applicant's Name: | |
| Title: | Home Phone: |
| Home Address: | |

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.



Business Tax Division
 stpete.org/businessstax
 license@stpete.org
 One 4th St. N.
 727-893-7241

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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. (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).
Corporation Act".

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."

| | |
|---------------------------------|--------------|
| Print name of Applicant: | |
| Applicant's Signature: | Date: |

SUBMISSION OPTIONS

EMAIL TO: 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
One 4th St. N.
St. Petersburg, FL 33731