



APPLICATION FOR BUSINESS TAX CERTIFICATE: INDEPENDENT CONTRACTOR

<i>City of St. Petersburg Use Only</i>				
CONTROL #: _____		Initials: _____		Date: _____
New	Renewal	Counter	Mail	Email

Ind. Barber Ind. Electrologist Ind. Massage Therapist	Ind. Optician Ind. Physical Therapist Ind. Salon Cosmetologist	Ind. Yacht Sales Ind. Cosmetologist Specialist
-------------------------------------------------------------	----------------------------------------------------------------------	---------------------------------------------------

Business Address:	Zip Code:
Individual's Name:	
Business Name:	
Federal Employer ID # OR Social Security #:	
Business Phone:	
Applicant's Name:	
Mailing Address:	
Business Email:	
Description of Business Activity:	

INDEPENDENT CONTRACTOR: Please provide a copy of your state license with this application (If required for this activity).

Home Address (if different from mailing address):
Home Phone (if different from business phone):
<i>You are subject to a 25% penalty if you started this business activity before paying this tax. This is a state law.</i> State the date you began or will begin this business activity from this location: _____

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.

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 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.

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:	
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