



City Of Seminole, Florida

Local Business Tax Receipt

Local Business Tax Receipt Required: Unless exempted by State Law, it shall be unlawful for any person to either directly, or indirectly, conduct any business without first having obtained a Local Business Tax Receipt as required by F.S. Chapter 205 & City of Seminole Chapter 42, Article IV. Local Business Tax.

Name of Business: A new business applying for a Local Business Tax Receipt using a fictitious name d.b.a. (a name that is different from your personal name) must show a copy of the Fictitious Name Registration from the Florida Department of State, Division of Corporations, **prior to issuance** of a Local Business Tax Receipt. For questions regarding incorporation, limited liability companies, or fictitious name registration, visit websites www.dos.myflorida.com or www.sunbiz.org.

Street Address of Business: Physical location of the business.

F.E.I.N. or S.S. #: A Social Security number or a Federal Employer Identification Number is **required prior to issuance** of a Local Business Tax Receipt, per F.S. 205.0535 (5). A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed. For information to obtain a FEI, contact the Department of Revenue at www.dor.myflorida.com/dor.

State License Number: If your profession is regulated by the Department of Business & Professional Regulation, The Florida Supreme Court, or any other State regulatory agency, you must exhibit an active State certificate, registration, or license, or proof of copy of same, **prior to issuance** of the Local Business Tax Receipt. For questions regarding requirements, the following are websites that may regulate your business www.myflorida.com/dbpr, www.floridasupremecourt.org, www.freshfromflorida.com, www.floridahealth.gov, www.floridarevenue.com, www.ahca.myflorida.com

Billing Address: Required if you wish correspondence to be sent to an address other than the physical location of business.

Owner(s) Name: Owner / Co-Owner, Corporate Registered Agent, or responsible party of business.

Corporation's Name: If DBA is being used, put official Corporation/Company name here.

Home Based Business: See attached.

Sign and date the application in the space provided: Pursuant to State Law, all Business Tax Receipts shall be sold beginning August 1, of each year and shall expire on September 30th of the following year. Local Business Tax Receipts renewed on or after October 1st shall be delinquent and subject to a delinquent penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid, not to exceed 25%. Any business that does not pay the required Business Tax within 150 days after the initial notice of tax due is subject to a penalty of up to \$250.00.

This Local Business Tax Receipt is a TAX ONLY. It does not permit the holder to violate any existing regulatory or laws of the State, County or cities, nor does it exempt the holder from any other license(s) or permits that may be required by law.



City of Seminole, Florida

9199 113th Street, Seminole, FL 33772

Local Business Tax Receipt Application

Name of Business (d/b/a) _____
Address _____ Phone # _____ Email _____
Corporation Name _____ Address _____
Owner(s) Name _____ Phone # _____ Email _____
Address _____ City _____, State _____ Zip _____
Billing Address _____ City _____, State _____ Zip _____
FEIN or S.S. # _____

Information obtained involving any individual's Social Security Number shall be kept confidential.

State License Number(s) _____ Attach copy of required license
Emergency Contact Name _____ Phone # _____

Do you currently own, or previously owned/operated, a business in the City of Seminole limits?
Yes _____ No _____

Do you sell/serve alcoholic beverages? Yes _____ No _____
If "YES", Classification of beverage license _____ Attach copy of required license

Do you sell tobacco? Yes _____ No _____ Attach copy of required license

Do you prepare or serve food? Yes _____ No _____ Attach copy of required license

Square Footage _____
Seating Capacity _____
Number of employees _____
Number of Independent Agents _____
Number of rented units _____

65 years of age, exemption – proof of exemption exhibited at time of application or upon issuance.
(may not have more than one employee or helper, must use own capital, not in excess of \$1,000 to qualify for exemption)

Disability Exemption – proof of exemption exhibited at application or upon issuance

Please give a brief description of type of business, profession or occupation:

ATTACH FLOOR PLAN OF BUSINESS WITH APPLICATION

APPLICATION IS HEREBY MADE FOR A LOCAL BUSINESS TAX RECEIPT FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS, PROFESSION, OR OCCUPATION HEREIN DESCRIBED AND I SWEAR THAT A FALSE STATEMENT, OR INCOMPLETE RESPONSE, WILL SUBJECT THIS RECEIPT TO SUSPENSION OR REVOCATION. THIS LOCAL BUSINESS TAX RECEIPT REPRESENTS A PERMIT TO ENGAGE IN COMMERCE WITHIN THE CITY OF SEMINOLE, FLORIDA AND IS SUBJECT TO THE ORDINANCES OR CODES. I UNDERSTAND THAT THIS RECEIPT MAY BE REVOKED FOR SUBSTANTIAL VIOLATIONS (S) OF THE CODES AND ORDINANCES. A COPY OF THE CITY OF SEMINOLE'S LOCAL BUSINESS TAX RECEIPT ORDINANCE IS AVAILABLE FOR PURCHASE OR REVIEW, UPON REQUEST.

SIGNATURE _____ DATE _____

PRINTED NAME _____

State of Florida
County of Pinellas

Sworn to before me, a notary public, on this _____ day of _____ 20_____

by _____ who is _____ personally known to me or

has _____ produced (type of identification) _____ as identification

and who did/did not take an oath.

Signature of Notary Public
State of Florida

SEAL

Print/Type/Stamp Name of Notary Public

Zoning / Use Approval

Signature

Date