

LOCAL BUSINESS – STOREFRONT & RENTAL PROPERTY

***Provide name & address where future Business Tax invoices should be sent:**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____

Position, Name and Home contact information of business officers:

Agent Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____

President / Business Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____

***NOTE:** Please sign and submit the "Business Name Registration Notice" form and provide incorporation papers, LLC papers, fictitious name registration and/or any other relevant documentation when submitting your Business Tax Application.

LOCAL BUSINESS – STOREFRONT

Type of business: _____
Number of employees: _____
of parking spaces: _____ # of parking spaces required by code: _____
Square footage of building: _____ Net usable square footage: _____
Is a vehicle connected with the business? _____ Yes _____ No
If Yes, Make: _____ Model: _____ Year: _____ Tag#: _____

Please give a brief description of the business, including types of products, services and method of operation.

RENTAL PROPERTY

If you completing this application because you own rental property, identify the number of units rented:

_____ at this address: _____

Identify which unit (if any) is occupied by the full-time owner or on-site manager: _____

AN UNSIGNED APPLICATION IS UNABLE TO BE APPROVED.

PLEASE DO NOT SIGN YOUR NAME PRIOR TO A NOTARY SIGNATURE

I hereby affirm that the information provided in this application is factual and accurate, and I further understand that intentionally furnishing false information will be cause for revocation. I shall comply with the "Code of Ordinances of the City of Treasure Island" and fully understand that the issuing of the Local Business Tax Receipt applied for is contingent upon my adhering strictly to the restrictions set forth herein.

Applicant Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____,
Date Print Applicant Name
who is known to me or who has produced _____ as identification.
Type of ID/number

Signature of Notary Public – State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)
Commission Number:
Commission Expires:

Staff Review Date

Rejected Date: _____ Approved Date: _____

Items below the dotted line are statutorily considered confidential and exempt from inspection and/or copying.

PLEASE NOTE:
Application will NOT BE ABLE TO BE APPROVED without the F.E.I.N. or social security number.

F.E.I.N.: _____ or *S.S.N.: _____

**Per Section 205.0535 (5) of the Florida Statutes, a Social Security Number (SSN) is required only if the Federal Employers Identification Number (FEIN) has not been provided on the application. Pursuant to Section 119.071(5) of Florida Statutes, social security numbers held by the City are confidential and exempt from inspection and/or copying as a public record.*



Local Business Tax Application Supplemental Form

BUSINESS NAME REGISTRATION NOTICE

Pursuant to Section 205.023(2) of the Florida Statutes, businesses operating under any name other than the person's legal name (DBA) must obtain a current fictitious name registration from the Division of Corporations of the Florida Department of State and provide the City proof of such registration prior to the issuance of a Local Business Tax Receipt.

Statement of Exemption from the Fictitious Name Act: Section 865.09 of the Florida Statutes provides exemptions to the fictitious name registration requirement. If you are exempt from obtaining a fictitious name registration, pursuant to Section 205.023(2) of the Florida Statutes, the applicant must provide a written and signed statement to the City setting forth the reasons that the applicant need not comply with the Fictitious Name Act. Checking the appropriate exemption and signing below constitutes compliance with Section 205.023(2) of the Florida Statutes.

Compliance with the Fictitious Name Act IS NOT REQUIRED because:

- I am using my legal name to transact business
- I am a business formed by an attorney actively licensed to practice law in Florida
- I am certified with the Florida Department of Business and Professional Regulation of the Department of Health for the purpose of practicing my licensed profession.
- I am a corporation, partnership, or other commercial entity that is actively organized or registered with the Department of State and the name under which this business is to be conducted is the same as the name registered with the Department of State.

For further information on business name registrations, forms and/ or instructions please visit the Florida Department of State / Division of Corporations website at www.sunbiz.org or call (850) 245-6058.

*Local Business Tax Application
Supplemental Fictitious Name Form*

*City of Treasure Island
Created August 4, 2016*

PLEASE DO NOT SIGN YOUR NAME PRIOR TO A NOTARY SIGNATURE

I hereby affirm that the information provided above is factual and accurate, and I further understand that intentionally furnishing false information will be cause for revocation of my business tax application. I shall comply with the "Code of Ordinances of the City of Treasure Island". By my signature below, I acknowledge that I am aware of the requirements regarding the Fictitious Name Act and have received contact information for the Florida Department of State / Division of Corporations.

Applicant Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____,
Date Print Applicant Name
who is known to me or who has produced _____ as identification.
Type of ID/number

Signature of Notary Public – State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)
Commission Number:
Commission Expires: