



**City of Treasure Island**  
 120 108<sup>th</sup> Avenue  
 Treasure Island, FL 33706-4702  
 (727) 547-4575  
 Fax (727) 547-4584

# LOCAL BUSINESS TAX APPLICATION

## Storefront and Rental Property

Date: \_\_\_\_\_

Name of person making application: \_\_\_\_\_

\*DBA ("doing business as") Name: \_\_\_\_\_

Full name of business: \_\_\_\_\_

Treasure Island street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business telephone #: \_\_\_\_\_ Business fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company web address: \_\_\_\_\_

Type of ownership (check one) :  Individual  Partnership  Corporation  LLC  Other (Indicate) \_\_\_\_\_

Check one:

Is the business name identified above a fictitious name?  Yes  No  
 If it is a fictitious name, is it filed with sunbiz.org?  Yes  No

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. If you are completing this application because you own rental property, simply state "rental property."**

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

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

**Provide the position, name and home contact information of all owners, partners and if a corporation, all officers:**

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

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

Officer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Rental Property - If you are completing this application because you own rental property, please complete the following:**

Please 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: \_\_\_\_\_  
\_\_\_\_\_

Please initial that you acknowledge and understand the definition of *Dwelling, Tourist* in Section 68-2 of the City of Treasure Island’s Code of Ordinances and the restrictions associated therewith.

*Initial*

**\*NOTE:** Please sign and submit the “Business Name Registration Notice” form and provide incorporation papers, LLC papers, fictitious name registration, and proof of any required state certificate, registration, or license and/or any other relevant documentation when submitting your Business Tax Application.

Please be advised that pursuant to Section 205.045 of the Florida Statutes any person who engages in or manages any business, occupation, or profession without first obtaining a local business tax receipt, if required, is subject to a penalty of twenty five (25) percent of the tax due, in addition to any other penalty provided by law or ordinance. Receipts that are not renewed when due and payable are delinquent and subject to a delinquency penalty of ten (10) percent for the month of October, plus an additional five (5) percent penalty for each subsequent month of delinquency until paid. The total delinquency penalty may not exceed twenty (25) percent of the business tax for the delinquent establishment.

**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:

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.: \_\_\_\_\_

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

*For the City of Treasure Island's Community Improvement Department Use Only:*

\_\_\_\_\_  
Staff Review Date

Rejected Date: \_\_\_\_\_ Approved Date: \_\_\_\_\_



## 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](http://www.sunbiz.org) or call (850) 245-6058.

*Local Business Tax Application  
Supplemental Fictitious Name Form*

*City of Treasure Island  
Updated April 2020*

**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: