



# ***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](http://www.dos.myflorida.com) or [www.sunbiz.org](http://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](http://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: [myflorida.com/dbpr](http://myflorida.com/dbpr), [floridasupremecourt.org](http://floridasupremecourt.org), [followfreshfromflorida.com](http://followfreshfromflorida.com), [floridahealth.gov](http://floridahealth.gov), [floridarevenue.com](http://floridarevenue.com), [ahca.myflorida.com](http://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 30<sup>th</sup> of the following year. Local Business Tax Receipts renewed on or after October 1<sup>st</sup> 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 113<sup>th</sup> 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