



CITY OF TARPON SPRINGS, FLORIDA
Local Business Tax Application

DEVELOPMENT SERVICES DEPARTMENT ♦ P.O. BOX 5004, TARPON SPRINGS, FL 34688-5004 ♦ 727-942-5617

Business Information

(Print or Type Clearly)

Business Name		Opening Date	
Business Address			
City		State	Zip
Phone	Mobile	Fax	Website / Email
Business Type: [Check one] <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Description of Business			
Federal Employee I.D. No.		Sales Tax No.	
State License Number(s)			
Average Value of Merchandise / Inventory: [Check one] <input type="checkbox"/> Less than \$5,000 <input type="checkbox"/> \$5,000 - \$10,000 <input type="checkbox"/> \$15,001 - \$20,000 <input type="checkbox"/> Greater than \$20,000			
Number & Type of Coin-Operated Machines: _____ Merchandise / Rides _____ Mechanical Amusement _____ Printed Material _____ TOTAL MACHINES			
Previous Use of Land / Property			

Owner Information

Owner's Name		Date of Birth	
Mailing Address			
City		State	Zip
Phone	Mobile	Fax	Email
Social Security No.		Drivers License No.	
I, the undersigned do hereby certify that the information given in this application is complete and accurate, and I understand that to make false statements within this application may result in denial of application and possible legal action. If granted a Local Business Tax Receipt, I agree to operate within all applicable City and State laws, and to notify the City if any of the information I have given changes. I further understand that no portion of the Local Business Tax is refundable, and in the event of non-compliance this application shall be subject to cancellation or revocation.			Date Stamp
Signature	Title	Printed Name	Date
			Control No.



CITY OF TARPON SPRINGS, FLORIDA
Emergency Contacts for Local Business

DEVELOPMENT SERVICES DEPARTMENT ♦ P.O. BOX 5004, TARPON SPRINGS, FL 34688-5004 ♦ 727-942-5617

Business Information

(Print or Type Clearly)

Business Name			
Street Address	City	State	Zip
Business Phone	Complex Name		

Please list at least two (2) emergency contacts. The following information is kept strictly confidential.

Contact #1

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

Contact #2

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

Contact #3

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

Contact #4

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

If chemicals, weapons or other hazardous materials are kept on premise, please advise of type and location:

Any other notes about your business you would like included:
