APPLICATION FOR SARASOTA COUNTY LOCAL BUSINESS TAX

SARASOTA COUNTY TAX COLLECTOR BARBARA FORD-COATES
101 S. WASHINGTON BLVD. SARASOTA, FLORIDA 34236-6940
Phone: (941) 861-8300

PLEASE PRINT

Primary Business Activity (Please be specific):

Date Business Opened in Sarasota County:
Month _____ Day _____ Year _____

Check Business Type:
___ Professional
___ Retail ___ Service ___ Contractor
___ Mfg. ___ Wholesale ___ Other

Total Number of Employees at this location (including owners):

Business Name:

* REQUIRED BY LAW (Provide One):
Federal ID Number: ☐☐-☐☐☐☐☐☐☐

Business DBA Name:

Social Security Number: ☐☐☐-☐☐-☐☐☐☐

Business Location (actual street address):

City: _____ State: ___ Zip: _____

Ownership Information:
1st Owner: _____
Home Address: _____
City: _____ State: ___ Zip: _____
Phone: (_____) _____

Business Located in the City limits: ☐ Yes ☐ No

Mailing Address (if different):

City: _____ State: ___ Zip: _____

2nd Owner: _____
Home Address: _____
City: _____ State: ___ Zip: _____
Phone: (_____) _____

Business Telephone: _____
Business E-mail: _____

Acct. #

Receipt #

State License/Certification/Registration # (attach copy):

Department of Revenue Sales Tax Number (if applicable):

Accommodations and Vending Information (if applicable):

Restaurants/Taverns/Bars, etc.: # of seats _____

Laundromats: # of coin machines: _____

Hotel/Motel/Bed & Breakfast/etc.: # of rooms _____

Number of vending machines: _____

FICTITIOUS NAME REGISTRATION NUMBER: **G** - _____ OR
This certifies that the above named business is exempt from registering for a Fictitious Name for the following reason:

☐ It is a business registered with the Florida Secretary of State.

☐ I am licensed by the Department of Business and Professional Regulation or the Department of Health.

☐ It is operated under the legal name(s) of the owner(s).

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ZONING REGULATIONS, THE SARASOTA COUNTY MANDATORY RECYCLING ORDINANCE, AND ANY OTHER STATE, COUNTY OR CITY REGULATIONS.

I SWEAR THIS APPLICATION FOR A LOCAL BUSINESS TAX RECEIPT IS MADE FOR THE PROFESSION OR BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.

Signature: _____ Date: _____

* Chapter 205.0535, Florida Statutes requires a Social Security Number or Federal ID Number in order to issue a Local Business Tax Receipt.

PAYMENT MUST BE INCLUDED WITH APPLICATION
For fees call 941-861-8300 or visit www.SarasotaTaxCollector.com.

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