

Registration for Sarasota County Business Tax

Pursuant to Florida law, all information provided except Social Security Number is a public record.

PLEASE PRINT	1. Primary Business Activity (Please be specific)												
	2. Check Business Type												
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Mfg.											
	<input type="checkbox"/> Professional	<input type="checkbox"/> Retail											
	<input type="checkbox"/> Service	<input type="checkbox"/> Wholesale											
	<input type="checkbox"/> Other _____												
	3. Business Name	10. Date Business Opened in Sarasota County											
	4. Business DBA	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td colspan="4" style="text-align: center;">Year</td> </tr> </table>							Month	Day	Year		
Month	Day	Year											
5. Business Location (actual street address)	11. REQUIRED BY LAW (Provide One)												
City _____ State ____ Zip _____	Federal ID Number												
	Social Security Number												
6. Business Located in the City? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Ownership Information												
7. Total Number of Employees at this location (including owners)	1 st Owner _____												
8. Mailing Address (if different)	Home Address _____												
City _____ State ____ Zip _____	City _____ State ____ Zip _____												
9. Business Phone	Phone <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>												
Email _____	2 nd Owner _____												
	Home Address _____												
	City _____ State ____ Zip _____												
	Phone <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>												

13. State License/Certification # (attach copy) <input style="width: 100%; height: 20px;" type="text"/>	14. Florida Sales Tax Number (if applicable) <input style="width: 100%; height: 20px;" type="text"/>
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15. Additional Information (if applicable)	
Restaurant/Tavern/Bar, etc. - # of seats <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Laundromats - # of coin machines <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Hotel/Motel/B & B, etc. - # of sleeping rooms <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Vending - # machines <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

16. Fictitious Name Registration/Exemption	
Registration Number G - _____	OR Reason for Exemption:
<input type="checkbox"/> The business is registered with the Florida Secretary of State.	
<input type="checkbox"/> I am licensed by the Department of Business and Professional Regulation or the Department of Health.	
<input type="checkbox"/> The business is operated under the legal name(s) of the owner(s).	

By paying the business tax, I certify that this business/profession is in compliance with all licensing and regulatory requirements of Florida, Sarasota County and any applicable city.

PAYMENT MUST BE INCLUDED WITH REGISTRATION

For fees: www.SarasotaTaxCollector.com • (941) 861-8300, option 3 • Info@SarasotaTaxCollector.com