



DECLARATION OF INFORMATION FOR CITY OF TALLAHASSEE BUSINESS TAX CERTIFICATE

Pursuant to Section 205.053, Florida Statutes, and City of Tallahassee Code of Ordinances, Chapter 18, tax rates will, for many business classifications, be based upon variables such as: (square footage, number of employees, etc.). It is necessary that the City annually update this information in order to accurately assess the Business Taxes. Please complete all applicable items below, which pertain to your particular category of business.

THIS SECTION FOR OFFICE USE ONLY
Account #: \_\_\_\_\_ New / Transfer / Renewal
Date applied: \_\_\_\_\_
Code #: \_\_\_\_\_ Fee: \_\_\_\_\_

NAME AND MAILING ADDRESS

Business Name: \_\_\_\_\_ Date Opened: \_\_\_\_\_
D.B.A.: \_\_\_\_\_ Type of Business: \_\_\_\_\_
Applicants Name: \_\_\_\_\_ State License #(if required): \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
FEI or Soc. Sec. Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_
Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone Number: (\_\_\_\_\_) \_\_\_\_\_

BUSINESS ACTIVITY CLASSIFICATIONS (CHECK ALL THAT APPLY TO YOUR BUSINESS. SEE BELOW FOR YOUR CURRENT BUSINESS ACTIVITY CLASSIFICATIONS.)

- 001 - AGENCY / BROKER ( See Items A and B1)
002- ASSOCIATION ( See Items A and B1)
050 - AUTOMOBILE AND OTHER VEHICULAR ACTIVITY ( See Items A, B1, and C1)
100 - BANKING AND LENDING INSTITUTIONS ( See Item C5) (Bail Bonds)
100 - ATM MACHINES ( See Item C6)
150 - CONTRACTORS ( See Items A and B1)
175 - COMMUNICATIONS SERVICES ( See Items A , B1 and C4)
200- ENTERTAINMENT / AMUSEMENT ( See Items A, B1, and C8)
250 - FLEA MARKET ( See Items A and B1)
275 - EXHIBITION FACILITY ( Flat Tax Rate)
300 - FORTUNE TELLER AND CLAIRVOYANT ( Flat Tax Rate)
350 - GAS AND OIL DEALERS ( See Items A, B1, C1, C3, C6, C7, and C8)
375 - INSURANCE COMPANIES ( Flat Tax Rate)
400 - JUNK DEALERS (See Items A and C1)
450 - MERCHANTS (See Items A and C1)
550 - MISCELLANEOUS BUSINESS OR UNCLASSIFIED (See Items A and B1)
600 - PRODUCTION AND MANUFACTURING (See Items A and B1)
650 - PROFESSIONAL (Flat Tax Rate)
675 - PROFESSIONAL FIRM / OFFICE (See Items A and B2)
700 - RENTAL UNITS (See Item C2)
750 - RESTAURANTS (See Items B1 and C3)
800 - SCHOOLS (See Items A and B1)
850 - SERVICES (See Items A and B1)
900 - VENDING MACHINES (See Item C8)
950 - WAREHOUSE / STORAGE FACILITIES (See Items A and B1)
OTHER \_\_\_\_\_ (Please Specify)

Are you a home-based business? [ ]yes [ ]no If yes, did you receive a copy of Chapter 10, Article VII, Section 412.2 of the City of Tallahassee Land Development Code? [ ] yes [ ] no

What was the previous use of your business location? \_\_\_\_\_

When was your business location last used? \_\_\_\_/\_\_\_\_/\_\_\_\_

(The above information is used for zoning purposes. The issuance of a Business Tax Certificate means you have paid your City Business Tax. It is your responsibility to verify that you are in compliance with all local and state requirements. Direct any zoning questions to the Zoning Dept. at 891-7060.)

Please indicate below your business's legal description:

- \_\_\_\_ Sole Proprietor (with no separate legal identity)
\_\_\_\_ Corporation
\_\_\_\_ Professional Association
\_\_\_\_ Partnership
\_\_\_\_ Other Legal Entity \_\_\_\_\_

( Please See Reverse Side )

**PLEASE COMPLETE ALL BUSINESS ACTIVITY CLASSIFICATIONS FOR YOUR BUSINESS**

(ALL INFORMATION TO BE BASED ON PREVIOUS CALENDAR YEAR-END OR OPENING DAY INVENTORY, EMPLOYEES, ETC.)

**A. SQUARE FOOTAGE**

The total covered or uncovered square feet of office, sales, service, warehouse or storage area for your business at this location. \_\_\_\_\_  
(Automobile dealerships shall determine outside square footage as 100 square feet per automobile able to be displayed.) (Mobile Home Dealership shall use a calculation of 900 square feet per average single-wide; double- and triple-wide shall be calculated accordingly.)

**B.**

**1) NUMBER OF EMPLOYEES (all businesses except Professional Offices/Firms)**

The total number of partners, principals, full-time people, part time-people, temporary help, subcontractors, independent contractors, etc. receiving a W2 or 1099-MISC. for \$3,600 or more for the previous calendar year. \_\_\_\_\_

**2) NUMBER OF EMPLOYEES (Professional Firms/Offices)**

The total number of partners, principals, full time people, part time people, temporary help, etc. receiving a W2 or 1099-MISC. for \$3,600 or more for the previous calendar year other than those professionals which have paid a separate professional tax of \$100 each. \_\_\_\_\_

**IN ADDITION TO A and B ABOVE, PLEASE COMPLETE ALL ITEMS BELOW THAT ARE APPLICABLE TO YOUR PARTICULAR CLASSIFICATION OF BUSINESS.**

**C.**

**1) RETAIL/WHOLESALE MERCHANTS (Including Equipment Rental, Consignment, Etc.) \$ Amount of Inventory \_\_\_\_\_**  
(Annual inventory value shall mean the dollar value, (cost), of a business's ending inventory as of the end of the most recently completed fiscal year prior to March 31<sup>st</sup> of the current calendar year.)

**2) RENTAL / LEASED LODGING FACILITIES (Apartments, hotels, motels, motor courts, bed and breakfast facilities, hospitals, nursing homes, retirement homes, convalescent centers, congregate living facilities, mobile home lots, etc.) Number of leasable or rentable units \_\_\_\_\_**  
(Example: A four-bedroom apartment where each bedroom is separately leased/rented, should be counted as 4 units, not 1 unit.)

**3) RESTAURANTS ( # of Seats) \_\_\_\_\_**

**4) TELEPHONE / TELEVISION CABLE COMPANIES, NEWSPAPERS ( # of Subscribers) \_\_\_\_\_**

**5) BANKING AND LENDING INSTITUTIONS (Total amount of financial assets) \_\_\_\_\_**

**6) NUMBER OF ATM Machines (not including those machines located at a bank) \_\_\_\_\_**

**7) SERVICE STATIONS ( # of hose, pump, nozzle or dispensers) \_\_\_\_\_**

**8) AMUSEMENT ARCADES, VENDING, ENTERTAINMENT**

- |   |  |
|---|--|
| # of Merchandise Vending Machines _____ | Golf Course (# of Holes) _____           |
| # of Service Vending Machines _____     | Mini Golf Course (# of Holes) _____      |
| # of Amusement Machines _____           | Driving Range (not part of course) _____ |
| # of Pool Tables _____                  | Theaters (# of Screens) _____            |
| # of Electronic Devises _____           | Exhibition Facility _____                |
| Dance Hall _____                        | Game Room _____                          |
| Circus, Festival, Etc. _____            |  |

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. A person who knowingly makes a false declaration is guilty of crime of perjury by false written declaration, which is a felony of the third degree pursuant to the Florida Statutes, Section 92.525.

I further understand that the issuance of an Occupational Business Tax Certificate is a certificate of payment of the business taxes levied by the City for the privilege of carrying on or engaging in a business, profession or occupation under the City's taxing power.

The City of Tallahassee collects your social security number for the following purposes: account classification, customer identification and verification, and as required by Florida State Statutes, Section 205.0535 (5), other lawful purposes necessary to issue a Business Tax Receipt. The City of Tallahassee may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law.

Authorized Signature \_\_\_\_\_ (Title) \_\_\_\_\_

Please Print Name Of Person Signing \_\_\_\_\_ (Title) \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ Contact Name \_\_\_\_\_

**THIS IS NOT AN INVOICE**

If you are no longer in business, please sign, date, and return the form indicating such to City of Tallahassee, Attention: Revenue Division Box A-4, 300 South Adams Street, Tallahassee, Florida 32301. If you have any questions or need additional information please call our office at (850) 891-6488. Any business tax form/payment can also be delivered to 435 N. Macomb Street, 1<sup>st</sup> Floor.