



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 IS 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:(_____) _____
Email: _____ (Providing a valid email address is required for future online services)

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

- 001 - AGENCY / BROKER
002- ASSOCIATION
050 - AUTOMOBILE AND OTHER VEHICULAR ACTIVITY
100 - BANKING AND LENDING INSTITUTIONS
100 - ATM MACHINES
150 - CONTRACTORS
175 - COMMUNICATIONS SERVICES
200- ENTERTAINMENT / AMUSEMENT
250 - FLEA MARKET
275 - EXHIBITION FACILITY
300 - FORTUNE TELLER AND CLAIRVOYANT
350 - GAS AND OIL DEALERS
375 - INSURANCE COMPANIES
400 - JUNK DEALERS
450 - MERCHANTS
550 - MISCELLANEOUS BUSINESS OR UNCLASSIFIED
600 - PRODUCTION AND MANUFACTURING
650 - PROFESSIONAL
675 - PROFESSIONAL FIRM / OFFICE
700 - RENTAL UNITS
750 - RESTAURANTS
800 - SCHOOLS
850 - SERVICES
900 - VENDING MACHINES
950 - WAREHOUSE / STORAGE FACILITIES
OTHER (Please Specify)

Are you a home-based business? Yes No
If yes, did you receive a copy of Chapter 10, Section 412.2? 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 891-7100.)

- Please indicate below your business' legal description.
Sole Proprietor (with no separate legal identity)
Corporation
Professional Association
Partnership
Other Legal Entity

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 singlewide, double and triple wide shall be calculated accordingly.)

B.

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

The total number of partners, principles, 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, principles, 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 _____

IN ADDITION TO A AND B ABOVE, PLEASE COMPLETE ALL ITEMS BELOW, WHICH 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' ending inventory as of the end of the most recently completed fiscal year prior to March 31st 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 dispenser) _____

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) _____

Dance Hall _____ Exhibition Facility _____

Circus, Festival, Etc. _____ Game Room _____

of Electronic Devices _____

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: classification of accounts; customer identification and verification; and as required by Florida State Statutes, Section 205.0535 (5), and 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 forms\payments should be delivered to 435 N. Macomb Street, 1st Floor.

REV: 02/10