



City of South Pasadena Florida

Community Improvement Department

6940 Hibiscus Ave. S.

Phone: (727) 343-4192

Fax: (727) 381-4819

www.ci.south-pasadena.fl.us

APPLICATION FOR BUSINESS TAX RECEIPT

Hours: 7:30 am - 2:30 pm M-F

BUSINESS INFORMATION

Business Name: _____

Fictitious Name Cert # _____ (If you are using a business name other than your first / last name)

Physical Business Address (not a PO Box): _____ Suite # _____

City _____ State _____ Zip Code _____

Business Phone: (____) _____ Business Fax (____) _____

Description of Business: _____

FEI # _____ Sales Tax # _____ SS # _____

SS# Required per Florida Statute 205.0535 unless you have a FEI #

BUSINESS OWNER INFORMATION

Owner / Qualifier Name: _____ Date of Birth: _____

Owner Home Phone: (____) _____ Owner Cell Phone: (____) _____

Business Mailing Address (if different than above): _____ Suite/APT # _____

City _____ State _____ Zip Code _____

E-Mail Address: _____ DATE OF BUSINESS OPENING _____

Please check/complete all that apply. Individual Partnership # _____ Corporation # _____

over 65 Non-profit # _____ Disabled Veteran _____ %

Indicate Numbers (where applicable): # of Part Time & Full Time employees: _____ (One owner is included in the fee. Do not include if category is merchandise only)

Total Inventory: \$ _____ (Under \$20,000 stock on hand is \$57.75 plus \$5.25 per each additional \$1,000)

For storage or warehouse facilities, total gross square footage: _____; # of Rental units: _____ (for apts, etc.)

If applicable, attach ALL copies of Florida Professional License(s) [ie: Cosmetology, Massage, Realtor, Insurance, Medical, Health, Travel or Contractor] State License # _____

I acknowledge that the issuance of a Business Tax Receipt is contingent upon compliance with all ordinances, regulations, and provisions of the City of South Pasadena. Should any structure or conditions be found in conflict with building codes and fire safety requirements, that department shall set forth its objections and requirements for corrections. It is then my responsibility to correct the deficiency and request a re-inspection. The Business Tax Receipt may not be issued until those corrections are made in compliance of all City codes and all applicable fees are paid.

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. It is further understood that I must comply with all City of South Pasadena codes, and failure to correct any conditions in violation is punishable under the code. I understand that if I engage in a business under a Fictitious Name, I must comply with the "Fictitious Name Statute," Section 865.09 Florida Statutes.

Signature _____ Date _____

FOR CITY USE ONLY:

Department Approval	Date	Staff Initials
Fire Dept.		
Building Dept.		
Fictitious Name		

BTR- _____

*****Employers** can determine if new employees have a valid Social Security numbers through the web site E-Verify @ www.uscis.gov/everify.

E-Verify (formerly known as the Basic Pilot/Employment Eligibility Verification Program) is an Internet based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees.

E-Verify is free and voluntary and is the best means available for determining employment eligibility of new hires and the validity of their Social Security Numbers. [Information obtained from U.S. Citizenship and Immigration Services website.]