



**CITY OF TARPON SPRINGS, FLORIDA**  
**Local Business Tax Application**

DEVELOPMENT SERVICES DEPARTMENT ♦ P.O. BOX 5004, TARPON SPRINGS, FL 34688-5004 ♦ 727-942-5617

**Business Information** *(Print Clearly or Type)*

Rev. 12/16

Business Name		Opening Date	
Business Address			
City		State	Zip
Phone	Mobile	Email	
Business Type: [Check one] <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Description of Business			
Federal Employee I.D. No.		Sales Tax No.	
State License Number(s)		<b>RENEWAL:</b> Email <input type="checkbox"/> OR Mail <input type="checkbox"/>	
Average Value of Merchandise / Inventory: [Check one] <input type="checkbox"/> Less than \$5,000 <input type="checkbox"/> \$5,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$20,000 <input type="checkbox"/> Greater than \$20,000			
Number & Type of Coin-Operated Machines: _____ Merchandise / Rides           _____ Mechanical Amusement           _____ Printed Material           _____ TOTAL MACHINES			
Previous Use of Land / Property			

**Owner Information**

Owner's Name		Date of Birth	
Mailing Address			
City		State	Zip
Phone	Mobile	Fax	Email
Social Security No.		Drivers License No.	
I, the undersigned do hereby certify that the information given in this application is complete and accurate, and I understand that to make false statements within this application may result in denial of application and possible legal action. If granted a Local Business Tax Receipt, I agree to operate within all applicable City and State laws, and to notify the City if any of the information I have given changes. I further understand that no portion of the Local Business Tax is refundable, and in the event of non-compliance this application shall be subject to revocation.			Date Stamp
Signature	Title	Printed Name	Date
			<b>Control No.</b>



CITY OF TARPON SPRINGS, FLORIDA  
**Emergency Contacts for Local Business**

DEVELOPMENT SERVICES DEPARTMENT ♦ P.O. BOX 5004, TARPON SPRINGS, FL 34688-5004 ♦ 727-942-5617

**Business Information**

*(Print or Type Clearly)*

Business Name			
Street Address	City	State	Zip
Business Phone	Complex Name		

**Please list at least two (2) emergency contacts. The following information is kept strictly confidential.**

**Contact #1**

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

**Contact #2**

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

**Contact #3**

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

**Contact #4**

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

If chemicals, weapons or other hazardous materials are kept on premise, please advise of type and location:

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Any other notes about your business you would like included:

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