

# City of Dade City Business Tax Application

38020 Meridian Avenue, PO Box 1355, Dade City, FL 33526  
Phone 352-523-5052 Fax 352-521-1422

Office Use
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Entity Number: \_\_\_\_\_

Transfer: Owner \_\_\_\_\_ Individual \_\_\_\_\_  
Location \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_

Business name \_\_\_\_\_

Business location \_\_\_\_\_

Mailing address \_\_\_\_\_

Business description \_\_\_\_\_

Please provide information as applicable:

- Business square footage \_\_\_\_\_ Business retail inventory \_\_\_\_\_
- Number of employees \_\_\_\_\_
- Number of (select one) \_\_\_ rooms / \_\_\_ seats / \_\_\_ beds How many? \_\_\_\_\_

Coin-operated machines? \_\_\_ YES \_\_\_ NO If yes, number of machines: \_\_\_\_\_

Business owner / agent \_\_\_\_\_ Business phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Emergency phone \_\_\_\_\_

Email Address \_\_\_\_\_

### PLEASE ATTACH (IF APPLICABLE):

- Copy of state license
- Fictitious name registration
- Articles of incorporation

If required, has this business been granted a special exception by the Board of Adjustment? \_\_\_\_\_ If yes, please indicate the date of approval \_\_\_\_\_

Date when business desires to begin operation: \_\_\_\_\_

**\*\* This constitutes a registration for the business only and does not constitute approval or compliance with building, zoning, and other applicable city, county, or state regulations. \*\***

*I certify that the above information is correct to the best of my knowledge and that I understand that my business is subject to the ordinances and policies of Dade City.*

Signature of owner / agent \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Codes / Fees _____
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## FICTITIOUS NAME REGISTRATION

Florida State Law requires that a copy of your current Fictitious Name Registration issued by the Florida Department of State or written statement explaining why you are exempt from the Fictitious Name Act must now be provided to renew or purchase a business tax receipt.

Please mark the appropriate box:

\_\_\_\_\_ I have enclosed a copy of my registration or Articles of Incorporation.

\_\_\_\_\_ I am exempt from the Fictitious Name Act because:

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*Example: My business name is my legal personal name rather than a fictitious name. [John Doe Co; John Doe, Owner]*

*(7) EXEMPTIONS.--A business formed by an attorney actively licensed to practice law in this state, by a person actively licensed by the Department of Business and Professional Regulation or the Department of Health for the purpose of practicing his or her licensed profession, or by any corporation, partnership, or other commercial entity that is actively organized or registered with the Department of State is not required to register its name pursuant to this section, unless the name under which business is to be conducted differs from the name as licensed or registered. FS 865.09(7)*

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SIGNATURE

## FEDERAL TAX ID NUMBER

Florida Statute 205.0535(5) requires our office to record the Federal Tax Identification Number for each business that is issued a business tax receipt. Please enter below the name under which your business is listed and the corresponding identification number.

Name under which business is listed

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Federal Tax Identification Number

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**THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE IN ACCORDANCE WITH FLORIDA STATUTE CHAPTER 119.**