



City of Sarasota Local Business Tax Division

1575 Second Street, 3rd Floor

Sarasota, FL 34236

941-263-6469

Email completed application and supporting documents
to LocalBusinessTax@SarasotaFL.gov for processing.

APPLICATION FOR LOCAL BUSINESS TAX/PROFESSIONAL TAX

Application is hereby made to engage in the business, profession or occupation hereinafter described for the period designated in accordance with Chapter 19, as amended, of the code of the City of Sarasota ("City Code").

BUSINESS/PROFESSIONAL INFORMATION

Business Name/DBA/Name of Professional _____

Corporate Business Name _____

Local Business Address _____

Type of Business or Occupation (*more than one may apply*)

_____ Commercial Office

_____ Salon (*see supplemental information below*)

_____ Licensed Professional (*see supplemental information below*)

_____ Mobile/Stationary Vending (*see supplemental information below*)

_____ Merchant - *Note: Average value of inventory must be provided* \$ _____

_____ Home Based Occupation (*see addendum #1 and #1a*)

_____ Restaurant (*see addendum #2 and #2a*)

_____ Handyman (*see addendum #3*)

_____ Massage Establishment (*see addendum #4*)

_____ Vacation Rental (*please provide a copy of your DBPR vacation rental dwelling license*)

_____ Other

Description / Nature of Business _____

Federal Tax ID or Sales Tax ID or Driver's License Number: _____

Proposed Opening Date of Business/Start Date for Professional _____

CONTACT INFORMATION

Contact Name _____

Business Phone _____

Mailing Address _____

E-mail Address _____

Renewals to be sent via: (choose one) Regular Mail _____ E-Mail _____

SUPPLEMENTAL INFORMATION

Salon

of chairs / stations _____ Salon Establishment License # and exp _____

of licensed professionals (working in salon) _____ **Each licensed professional is required to have a professional business tax**

Professional

State nature of occupation or professional licensure: _____

License # and exp (for individual application) _____

Mobile / Stationary Vending – Must be operated in compliance with City Ordinance Section 23-3.6

Commissary & Storage Address _____

Dimensions of Mobile Vending Unit (if applicable): Height _____ Width _____ Length _____

License # and exp _____

Photograph of Vending Device must be provided

Before you sign any contract or lease, we recommend checking with our zoning division to make sure your business type is allowed at the address. A zoning review will be conducted for all new businesses operating in the City of Sarasota. There will be a \$50.00 charge for the zoning review.

Per F.S. 865.09 any name under which a person transacts business in this state, other than the person’s legal name, must register with the Florida Division of Corporations (www.Sunbiz.org) – a copy of the Sunbiz registration must be provided with your application.

If claiming an exemption as outlined in Florida Statute 205, provide Florida Statute Number and proof of exemption.

I understand that the issuance of a business tax certificate means I have paid the local business tax. It is the responsibility of the business / licensed professional to ensure compliance with all local and state requirements. By signing this form, I acknowledge that all the information contained herein is correct.

Signature / Date