



City of Holmes Beach Business Tax Receipt Application Commercial Location

To verify the proper zoning for the proposed business location contact the Building Department (941-708-5833).

Applicant may be contacted by the City for additional information. Submission of application does not guarantee approval.

Please attach the following:

- _____ Colored Copy of Valid Driver's License or other photo identification – F.S. 322.031 (1) In every case in which a nonresident, except a nonresident migrant farm worker as defined in F.S. 316.003(61), accepts employment or engages in any trade, profession, or occupation in this state or enters his or her children to be educated in the public schools of this state, such nonresident shall, within 30 days after the commencement of such employment or education, be required to obtain a Florida driver's license if such nonresident operates a motor vehicle on the highways of this state. The spouse or dependent child of such nonresident shall also be required to obtain a Florida driver's license within that 30-day period prior to operating a motor vehicle on the highways of this state.
- _____ Copy of Fictitious Name or Corporation Affidavit if applicable. (Explanation on page 5)
- _____ Copy of State License or Certification if applicable
- _____ Application Fee of \$25.00 (Non-Refundable)

Upon approval of the application, the applicant will be notified of the business tax amount due. Business Tax Receipts are active from October 1 - September 30.

A courtesy renewal notice is mailed approximately one month prior to October 1; however it shall be no defense of nonpayment of any Business Tax Receipt required by this chapter that the person did not receive any bill or notice that the same was due from the city. (Ch58 Sec.58-52)

For more information on procedures relating to the City of Holmes Beach Local Business Tax, please refer to City of Holmes Beach Code of Ordinances, Chapter 58 Taxation, F.S. 205, or call 941-708-5800, ext. 221

Staff Use – BTR# _____	
Application Fee of \$25.00 Paid: _____	Check/Cash/CC: _____
Business Tax Amount Due (once approved): _____	
Paid: _____	Check/Cash/CC: _____



APPLICATION FOR LOCAL BUSINESS TAX RECEIPT FEE EXEMPTION

City of Holmes Beach
5801 Marina Drive, Holmes Beach, FL 34217
Phone: 941-708-5800 - City Clerk's Office

I attest that the business for which I am applying meets the Florida State Statute requirements for a Business Tax fee exemption in accordance with the item checked below, and I do hereby apply for the same.

Each owner must complete and sign, under penalty of perjury, a Local Business Tax Receipt Fee Exemption to be furnished by the local governing authority and provide written documentation in support of his or her request for an exemption for the business under this subsection.

Please choose those that apply and sign below.

F.S. 205.055 Exemptions; veterans, spouses of veterans and certain servicemembers, and low-income persons. -

(1) The following persons are entitled to an exemption from a business tax and any fees imposed under this chapter:

A veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unremarried surviving spouse of such a veteran.

The spouse of an active duty military servicemember who has relocated to the county or municipality pursuant to a permanent change of station order.

A person who is receiving public assistance as defined in s. 409.2554.

A person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines.

(3) If a person who is exempt under subsection (1) owns a majority interest in a business with fewer than 100 employees, the business is exempt.

F.S. 205.162 Exemption allowed certain disabled persons, the aged, and widows with minor dependents. -

All disabled persons physically incapable of manual labor, widows with minor dependents, and persons 65 years of age or older, with not more than one employee or helper, and who use their own capital only, not in excess of \$1,000, may engage in any business or occupation in counties in which they live without being required to pay a business tax. The exemption provided by this section shall be allowed only upon the certificate of the county physician, or other reputable physician, that the applicant claiming the exemption is disabled, the nature and extent of the disability being specified therein, and in case the exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the right to the exemption shall be made. Any person entitled to the exemption provided by this section shall, upon application and furnishing of the necessary proof as aforesaid, be issued a receipt which shall have plainly stamped or written across the face thereof the fact that it is issued under this section, and the reason for the exemption shall be written thereon.

(2) Neither this nor any other law exempts any person from the payment of any amount required by law for the issuance of a license to sell intoxicating liquors or malt and vinous beverages.

**A BUSINESS TAX RECEIPT IS NOT REQUIRED FOR THE FOLLOWING.
HOWEVER, ZONING MUST BE VERIFIED BY THE CITY AND A USE PERMIT MAY BE REQUIRED.**

F.S 205.064 Farm, Aquacultural, Grove, Horticultural, Floricultural, Tropical and Piscicultural and Tropical Fish Farm Products; certain exemptions.-

(1) Business owners engaged in selling of farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural or tropical fish farm products, or products manufactured therefrom, except intoxicating liquors, wine, or beer, when such products were grown or produced by such person in the state.

(2) A wholesale farmers' produce market may pay a tax of not more than \$200 for a receipt that will entitle the market's stall tenants to engage in the selling of agricultural and horticultural products therein, in lieu of such tenants being required to obtain individual local business tax receipts to so engage.

F.S. - 205.191 Religious Tenets; exemption. -

Those persons practicing the religious tenets of any church.

F.S. 205.192 Charitable, etc. Organizations; Occasional Sales, Fundraising; exemption. -

Any charitable, religious, fraternal, youth, civic, service, or other similar organization that makes occasional sales or engages in fundraising projects that are performed exclusively by the members, and the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization.

"UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE."

Applicant's Signature

Business Name

Printed Name

Date

Staff Use Only _____

Driver's License

Business Tax Number _____

Physician Certificate

Proof – Honorably Discharged Veteran

Other _____

Business Information

____ *Currently in business and operating without an issued Business Tax Receipt*

Business Name: _____

dba: _____

Proposed Business Address: _____

Mailing Address if Different: _____

Business Telephone: _____ **Fax #:** _____

Cell Phone #: _____

E-mail Address: _____

Nature of Business: _____

Name of Plaza (if applicable): _____

Square Footage of Business: _____ **FEIN #: Required for LLC or Corp:** _____

Proposed Weekday Hours: _____

Proposed Weekend Hours: _____

State Licenses applicable for this occupation: (*Attach copies of all certificates or licensing for occupation*)

Does your new location have an Alarm System YES _____ NO _____

If yes, please contact the Police Department directly to complete their form.

Fictitious Name / Corporation Affidavit

- Business is incorporated and registered with the Secretary of State
- Business is operated under Fictitious Name Documentation Number

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:

- Doing business under my legal name.
- Business name is a registered trademark.
- Exempt due to being licensed by DBPR, attach copy of license.
- Federally chartered Bank
- Other _____

Other business information and contacts you may or may not need

Fictitious Name Registration

If your business name does not contain your first and last name, you must register with the State of Florida, Division of Corporations in Tallahassee. This does not apply to corporations or to those certified with the DBPR.

If you wish to file as a corporation, contact: The Florida Department of State, Division of Corporations, P.O. Box 6327 Tallahassee, FL 32314 (850)488-9000, or at their web site www.sunbiz.org

If you are forming an **S-corporation**, you must also file Form 2553 with the **Internal Revenue Service**. Call **(800) 829-4933** or check online at <https://www.irs.com>

IRS General Information and Federal ID number
1-800-829-3676

State of Florida – Department of Agriculture
1-800-435-7352

Florida Department of Revenue---1-800-352-3671
Web Site: www.floridarevenue.com/dor/taxes/registration.html
Sarasota Service Center
Sarasota Main Plaza
1991 Main Street Suite 240
Sarasota, FL 34236
361-6001

Department of Business & Professional Regulation
Division of Hotel & Restaurant 1-800-749-6369
Division of Professionals 1-850-487-9501
Web Site: www.myfloridalicense.com

BUSINESS ACTIVITY CLASSIFICATIONS
PLEASE COMPLETE AND CHOOSE ALL THAT APPLY TO YOUR BUSINESS

1) **Type of CONTRACTOR?** General Contractor Subcontractor
 State License # (if required) _____

2) **AUTOMOBILES**

- Dealer: New cars, sales/repairs Dealer: Used cars, sales/repairs
- Taxi or Limousines # of Taxi/Limousines _____
- Garage & filling station: including repair, sale of gas, oil, tires, accessories and parts
- Car Wash Vehicle Detailing Vehicle Rentals Motorcycles
- Golf Cart Rentals Low Speed Vehicles Segways Scooter Rentals

3) **BOAT DEALERS / BOAT YARDS** (Marinas – ***Please complete separate Dec page on the docks you rent*** List all Charter Boat Captains with their addresses that rent at your location)

- Dealer: New or Used Boats, including sale of marine supplies (marine supplies only, see Merchant, retail)
- Boat yard and marina, including dry dock or marine ways for care, repair or construction
- Jet Skis – # of Jet Skis _____
- Charter, Sightseeing or Rental Boats Total # of Boats: _____ (if this line has been checked, please complete table below.)

Please complete table below for each boat being rented:

Type of Boat: Charter Boat, Sightseeing, or Rental (Please specify type of boat)	Boat's Maximum # of Person Capacity	Boat Registration or Document #

4) **COIN OPERATED DEVICES** – (Any vending machine that dispense products, merchandise, or services or an amusement or game machine)

NOTE: The business location is responsible for the required business tax for each coin operated device operated at your location.

of Merchandise Vending Machines _____ # of Service Vending Machines _____

of Amusement Machines _____ # of Pool Tables _____

of Electronic Devices _____ # of Coin operated Washers etc. _____

of Other: _____ # of Coin operated Dryers, etc. _____

5) **MERCHANTS RETAIL/WHOLESALE** - (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)

Stock up to \$5,000 Stock from \$5,001.00 to \$10,000.00 Stock of over \$10,000.00

6) **RESTAURANTS, CARRY OUT, DRINKING ESTABLISHMENT:**

of Indoor Seating: _____ # of Outdoor Seating: _____

7) **SERVICES** (If you provide any type of service) Details: _____

8) **WAREHOUSE:** – mini storage Lockers

9) **FINANCIAL INSTITUTIONS:** Banks Savings and Loans Credit Union Mortgage Companies

10) **RENTAL/PROPERTY MANAGEMENT CO:** _____

11) **OTHER RENTALS:** *Choose all that apply*

Paddleboards, Kayaks Bikes, Tricycle, or Tandems

Baby Supplies, Beach Supplies or similar rental

12) **BARBERSHOPS/BEAUTY PARLORS**

Each State Licensed individual is required to obtain an individual Local Business Tax Receipt.

Please complete State Licensed Professional section and attach an additional sheet if needed

Total # of Chairs _____

Total inventory value of retail product for sale \$ _____

Receiving a 1099-MISC or renting their own station: _____

- 13) **PROFESSIONAL** – including but not limited to public accountants, brokers, architects, civil engineers, surveyors, osteopathy, physicians, veterinarians, lawyers, dentists, hair stylists, barbers, nail techs, massage therapists, tattoo businesses and artists, health or fitness clubs, personal trainers, aerobics instructors, etc. and any other similar profession which requires state licensing. The tax shall be construed to mean that each individual shall pay the tax provided for, whether practicing for their self or in partnership or employed by another, except where such employee is paid a straight salary only. Each State Licensed Professional is required to obtain an individual Local Business Tax Receipt – Please complete State Licensed Professional section and attach an additional sheet if needed

205.067 Exemptions; broker associates and sales associates.—

- 1) An individual licensed and operating as a broker associate or sales associate under chapter 475 is not required to apply for an exemption from a local business tax, pay a local business tax, or obtain a local business tax receipt.
- 2) An individual exempt under this section may not be held liable by any local governing authority for the failure of a principal or employer to apply for an exemption from a local business tax, pay a local business tax, or obtain a local business tax receipt. An individual exempt under this section may not be required by any local governing authority to apply for an exemption from a local business tax, otherwise prove his or her exempt status, or pay any tax or fee related to a local business tax.
- 3) A principal or employer who is required to obtain a local business tax receipt may not be required by a local governing authority to provide personal or contact information for individuals exempt under this section in order to obtain a local business tax receipt.

History.—s. 1, ch. 2012-102

Please indicate Profession: _____

Total number of licensed Professionals receiving a 1099-MISC whether practicing for themselves or in partnership or employed by another entity _____

COMPLETE BELOW - STATE LICENSED PROFESSIONALS:

205.067 Exemptions; broker associates and sales associates

Name	Profession/Type of License	Address, City, Zip	Phone Number

THIS PAGE IS TO BE COMPLETED BY BUSINESS OWNER

Per F.S. 205.0535(5) A Receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

The City of Holmes Beach collects your social security number for the following purposes: Compliance with State and Federal Requirements; identification and verification, billing and payments, benefit processing, and tax reporting. Social Security numbers are also used as a unique numeric identified and may be used for search purposes.

For your protection, this information is not entered into our database and is not available to the public.

Applicant: _____

Business Name: _____

SSN: _____

or

FEIN: _____

For questions please contact FL Department of Revenue at 1-800-829-4933

THIS PAGE IS TO BE COMPLETED BY BUSINESS OWNER

I hereby certify that the information in the application is true and correct and that I am the owner of the Business. I further understand that providing false or misleading information on this application may result in being denied, or loss thereof, of any business tax receipts or permits issued by the City of Holmes Beach which were based upon information provided in this application and its attachments. I further understand that if there are any subsequent changes in the operation of my business as stated above, that I will agree to file the necessary application and seek prior approval from the City of Holmes Beach for any such changes. Failure to obtain the necessary approval will result in the loss of business tax receipts or permits issued by the City of Holmes Beach that were based on this application.

By executing this application, I acknowledge that the business is subject to local, state and federal laws and regulations. I acknowledge that the business and its intended use must comply with all applicable regulations.

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt by the City of Holmes Beach does not constitute a determination by the City that the property/business for which the tax is being paid is in full compliance with applicable federal, State, and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

Business Name: _____

Business Owner Signature

Date

Please print name (Business Owner)

Notarization Required

State of _____

County _____

Sworn to and subscribed before me this _____ day of _____,

_____ by _____.

Signature of Notary

Name of Notary Typed, Printed or Stamped

Personally Known _____

Produced Identification _____

Type of Identification Produced _____

In Foreign Countries – Oaths, affidavits, and acknowledgments, required or authorized by the laws of this state, may be taken or administered in any foreign country, by or before any judge or justice of a court of last resort, any notary public of such foreign country, any minister, consul general, charge d'affaires, or consul of the United States resident in such country. The jurat, or certificate of proof of acknowledgment, shall be authenticated by the signature and official seal of the officer or person taking or administering the same; provided, however, when taken or administered by or before any judge or justice of a court of last resort, the seal of such court may be affixed as the seal of such judge or justice.