

License # _____

THE CITY OF PENSACOLA, FLORIDA
LOCAL BUSINESS TAX APPLICATION

222 West Main Street, 5th Floor Pensacola, Florida 32502
Po Box 12910 Pensacola, Florida 32521-0015 850-436-5693 www.cityofpensacola.com

DATE: _____, 20____ License Year: 20____ to 20____

Type of Business: _____

Name of Business: _____

Fictitious Name Registration Number: _____

Fictitious Name Affidavit: 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:

- () Business is incorporated and registered with the Secretary of State.
- () Exempt due to being licensed by the Department of Business & Professional Regulation
- () Attorney licensed to practice law in Florida
- () Business name is a registered trademark
- () Single owner doing business under my legal name (FIRST AND LAST NAME)

Owner's Name: _____

Social Security or Federal Tax I.D.: _____

State Certification Number: _____

Escambia Co. Local Business Tax Account Number: _____

Business Address: _____

_____ This business will be operated in a home. I have been provided, read and understand Section 12-2-33 of the City of Pensacola City Ordinance defining home occupation.

_____ This business is in full compliance with the provisions of this section. This business will not be operated in a home.

Mailing Address: _____

Telephone #: _____

Email Address _____

Number of employees: _____

Local Business Tax Amount: _____

Sign: _____

I certify that the information relating to this registration for Business Tax is true and correct to the best of my knowledge and belief. I agree I must comply with state and local ordinances, including zoning and the Florida Building Code.

BUILDING OCCUPANCY	PROPERTY USE CODES	ZONING DISTRICT	LICENSE NUMBER