

THE CITY OF PENSACOLA, FLORIDA
PROFESSIONAL LICENSE APPLICATION

Po Box 12910 Pensacola, Florida 32521-0015 850-436-5693 www.cityofpensacola.com

TO CITY TREASURER:

DATE: _____, 20_____

I hereby apply for a Local Business Tax to engage in business as a(n) _____ for the fiscal year 20____ - 20____ and give the following as a true and correct statement as it applies to and in connection with the business mentioned for which the Local Business Tax is required.

Name of Business: _____

Name of Professional: _____

Business Address: _____

Mailing Address: _____

Telephone #: _____

Social Security or Federal Tax Id#: _____

State Certification Number: _____

Escambia County Local Business Tax Account Number: _____

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.

