



# BUSINESS TAX APPLICATION

E-mail: [businesstax@plantcitygov.com](mailto:businesstax@plantcitygov.com)

REVIEW ALL RESPONSES FOR ACCURACY & SUBMIT APPLICATION TO:

CITY OF PLANT CITY

ATTN: BUSINESS TAX DIVISION

PO Box C • Plant City, Florida 33564-9003

Telephone (813) 659-4200 Ext. #4155 Fax (813) 659-4216

1. Legal Business Name OR Individual Name (If Sole Proprietor)  DBA (Must be registered at <a href="http://sunbiz.org">sunbiz.org</a> )  Establishment Name  E-Mail  Office No. _____ Ext. _____ Cell No. _____ Fax No. _____ Other No. _____ Ext. _____	2. Type of Application ___ New ___ Address Change ___ Transfer ___ Name Change ..... Contact Name for Account:  Contact Phone Number:  Ext. _____
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3. Mailing Address (Include Zip Code)	Type Of Business o Sole Proprietorship o Corporation o Limited Liability Corp. o Partnership	Street Vendor Dates
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4. Local Business Street Address (Include Zip Code)	5. Nature Of Business To Be Taxed (Describe In Detail)
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6. Business Owners Name or President's Name  If Corporation, List Registered Agent	Driver License # _____ State _____  Sales Tax # _____
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Federal Identification Number _____ ( OR )	Social Security Number _____
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7. Address of Owner or President (Include Zip Code)	8. Telephone Number _____
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9. This is a business tax only. By granting this tax receipt the City is not assuring that the use meets the building code, zoning ordinance, or other regulatory ordinances of the City. Furthermore, this tax receipt does not permit the payee to violate any regulatory laws or ordinances of the State, County or City, or exempt the payee from any other licenses or permits that may be required by law.

I acknowledge that I have read this business tax application. I understand and agree that in addition to meeting the requirements as set forth in this chapter, I shall also meet all the necessary zoning, fire marshal, health and police regulations and any other applicable laws & ordinances pertaining to the business for which this tax is paid. Improvements may be required as a result of change of use or change of occupancy.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>
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(IF APPLICABLE) Maximum Number of Employees \_\_\_\_\_ Hotel/Motel Rooms \_\_\_\_\_ Restaurant Seating \_\_\_\_\_

#Vending Machines(electric) \_\_\_\_\_ (manual-per head) \_\_\_\_\_ Games \_\_\_\_\_ ATM's \_\_\_\_\_

**After completing this document, choose one of these options to submit documents**

1. Save application and required documents to your desktop & upload to the Business Tax Drop Box : [Click Here](#)
2. Fax to the Business Tax office: (813) 659-4216
3. Bring to the Business Tax office at 302 W. Reynolds Street, 3rd Floor, Plant City, FL 33563

**PLEASE DO NOT EMAIL THIS DOCUMENT**

Official Use Only (below this line)

Planning & Zoning Review

( ) Permitted District Use

( ) Non-Permitted District Use

( ) Home Occupation

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Tax Bill # \_\_\_\_\_ CID: \_\_\_\_\_ Payment: \_\_\_\_\_ Approval: \_\_\_\_\_

Business Tax Account ID: \_\_\_\_\_ Tax Category: \_\_\_\_\_ Date: \_\_\_\_\_