

**City of Pinellas Park, Florida**  
**Building Division**  
**Business Tax**

Mailing Address

P.O. Box 1100  
Pinellas Park, Florida 33780-1100  
Website: [www.pinellas-park.com](http://www.pinellas-park.com)

Business Address

6051 78<sup>th</sup> Avenue North  
Pinellas Park, Florida 33781  
Phone 727-541-0752  
Fax 727-541-0886

***Business Tax Application***

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**OFFICIAL USE ONLY**

BUS TAX # \_\_\_\_\_ SIC CODE # \_\_\_\_\_ DIST CODE # \_\_\_\_\_

HOME \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ RECEIPT # \_\_\_\_\_

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**THIS APPLICATION MUST BE COMPLETED IN FULL AND MUST BE TYPED OR LEGIBLY PRINTED.  
IF THE REQUESTED INFORMATION DOES NOT APPLY, WRITE "NA" ON THE LINE PROVIDED.**

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BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ UNIT/SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ / \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ / \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS FAX \_\_\_\_\_ ATTENTION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ UNIT/SUITE \_\_\_\_\_

C/O TO MAILING ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ / \_\_\_\_\_

BUSINESS CONTACT PERSON \_\_\_\_\_

FIRST/LAST	TITLE	PHONE
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EMERGENCY CONTACT PERSON \_\_\_\_\_

FIRST/LAST	TITLE	PHONE
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EMERGENCY CONTACT PERSON \_\_\_\_\_

FIRST/LAST	TITLE	PHONE
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IS THIS BUSINESS OR OCCUPATION REGULATED BY ANY COUNTY, STATE OR FEDERAL REGULATING  
AGENCY AS PROVIDED BY LAW                    YES                     NO

COUNTY LICENSE NUMBER \_\_\_\_\_

STATE LICENSE NUMBER \_\_\_\_\_

STATE LICENSE NUMBER \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_

**NOTE: COPIES OF LICENSE(S) OR DOCUMENT(S) ARE REQUIRED WITH APPLICATION**

I, \_\_\_\_\_, BEING DULY AUTHORIZED TO SIGN FOR THE ABOVE NAMED  
PRINT NAME  
BUSINESS DO HEREBY MAKE APPLICATION TO PAY A BUSINESS TAX FOR THE PRIVILEGE OF ENGAGING  
IN BUSINESS WITHIN THE CITY LIMITS OF THE CITY OF PINELLAS PARK, FLORIDA. I AGREE THAT THE  
BUSINESS WILL ABIDE BY ALL LOCAL, COUNTY, STATE, AND FEDERAL LAWS THAT MAY APPLY, AND  
THAT THE OPERATION OF THE BUSINESS AND USE OF THE PREMISES IS GOVERNED BY ANY PRIOR  
CONDITIONS ON THE OPERATION OF SUCH BUSINESS OR USE OF SUCH PREMISES. I UNDERSTAND THAT  
SHOULD THE BUSINESS BE FOUND GUILTY OF A VIOLATION OF ANY LAW, THE BUSINESS TAX RECEIPT  
MAY BE REVOKED BY THE CITY OF PINELLAS PARK, FLORIDA, AS PROVIDED BY THE CITY ORDINANCES.

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

SIGNATURE OF BUSINESS TAX OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT FEE \_\_\_\_\_ PENALTY FEE \_\_\_\_\_ PREVIOUSLY PAID \_\_\_\_\_ TOTAL FEE \_\_\_\_\_

