

**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 727-369-5632  
Fax 727-369-5839

***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

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

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

WHAT IS THE PRIMARY FUNCTION OF YOUR BUSINESS \_\_\_\_\_

BUSINESS ORGANIZATION TYPE (CHECK ONLY ONE)

SOLE OWNER

PARTNERSHIP

CORPORATION

LLC

**NOTE: PROOF OF CORPORATION AND/OR FICTITIOUS NAME ARE REQUIRED WITH APPLICATION**

**CIRCLE ONE: OWNER, PRESIDENT, CORPORATE REGISTERED AGENT, OR C.E.O. OF BUSINESS**

\_\_\_\_\_  
FIRST NAME LAST NAME TITLE

HOME ADDRESS \_\_\_\_\_ UNIT/STE/APT \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ / \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**CIRCLE ONE: CO-OWNER, CORPORATE REGISTERED AGENT, LOCAL MANAGER OF BUSINESS**

\_\_\_\_\_  
FIRST NAME LAST NAME TITLE

HOME ADDRESS \_\_\_\_\_ UNIT/STE/APT \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ / \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BUILDING(S)/UNIT(S) TOTAL SQUARE FEET \_\_\_\_\_

NUMBER OF UNITS, (VEHICLES, SEATS, ROOMS, APTS. ETC.) \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES  
(INCLUDE OWNERS, PARTNERS, CORP. OFFICERS AND PART-TIMERS) \_\_\_\_\_

DO YOU SERVE OR SELL ALCOHOL? YES  NO

DO YOU SELL TOBACCO? YES  NO

DO YOU PREPARE OR SERVE FOOD? YES  NO

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



