



City of Holmes Beach Business Tax Receipt Application - Commercial Location

To verify the proper zoning for the proposed business location contact the Building Department (941-708-5833). Applicant may be contacted by the City for additional information. Submission of application does not guarantee approval.

Upon approval of application, the applicant will be notified of the Business Tax amount due.

Checklist – Please attach the following:

- _____ Color Copy of Valid Driver's License or other photo identification
- _____ Copy of Fictitious Name or Corporation Affidavit, if applicable (see page 6)
- _____ Copy of State License or Certification, if applicable
- _____ Application Fee of \$25.00 (Non-Refundable)

STAFF USE

_____ Currently in business and operating without an issued Business Tax Receipt

Note: Per Ch. 58 Sec. 58-66 – **Failure to obtain business tax receipt; penalty**, any person engaging or managing any business, occupation or profession without first obtaining any business receipts required pursuant to this article is subject to an initial penalty of 25 percent of the business tax due. In addition, any person who fails to obtain the required business tax receipt within 14 days after receiving a notification from the city that such receipt is required shall be subject to a delinquency penalty of \$250 plus all court costs, reasonable attorney's fees and any administrative cost incurred as a result of collection efforts.

Upon approval of application, the applicant will be notified of the Business Tax amount due.

BTR# _____	Application Fee of \$25.00 Paid: _____
	Check/Cash/CC: _____
Business Tax/Penalty (if applicable) Due (once approved): _____	
Date Paid: _____	Check/Cash/CC: _____

City of Holmes Beach

Business Tax Receipt Application - Commercial Location

All Business Tax Receipts expire Sept. 30th of every year. A courtesy renewal notice is mailed approximately one month prior; however it shall be no defense of nonpayment of any Business Tax Receipt required by this chapter that the person did not receive any bill or notice that the same was due from the City. (Ch 58 Sec.58-52)

For more information on the City of Holmes Beach Local Business Tax, please refer to City of Holmes Beach Code of Ordinances, www.municode.com Chapter 58 Taxation, F.S. 205, or call 941-708-5800, Ext. 222.

Business Information

Owner Name: _____

Business Name: _____

dba: _____

Proposed Business Address: _____

Mailing Address, if Different:

Business Telephone: _____ Fax #: _____

Cell Phone #: _____

E-mail Address: _____

Nature of Business: _____

Name of Plaza (if applicable): _____

Name and Contact Number for Plaza Owner or Agent:

Square Footage of Business: _____

Proposed Weekday Hours: _____

Proposed Weekend Hours: _____

State Licenses applicable for this occupation: *(Attach copies of all certificates or licensing for occupation)*

Does your new location have an Alarm System YES _____ NO _____

If yes, please contact the Police Department directly to complete their form.

BUSINESS ACTIVITY CLASSIFICATIONS
PLEASE COMPLETE AND CHOOSE ALL THAT APPLY TO YOUR BUSINESS

- 1) **Type of CONTRACTOR?** ☐ General Contractor ☐ Subcontractor
 State License # (if required) _____

2) **AUTOMOBILES**

- ☐ Dealer: New cars, sales/repairs ☐ Dealer: Used cars, sales/repairs
☐ Taxi or Limousines # of Taxi/Limousines _____
☐ Garage & filling station: including repair, sale of gas, oil, tires, accessories and parts
☐ Car Wash ☐ Vehicle Detailing ☐ Vehicle Rentals ☐ Motorcycles
☐ Golf Cart Rentals ☐ Low Speed Vehicles ☐ Segways ☐ Scooter Rentals

3) **BOAT DEALERS / BOAT YARDS** (Marinas – ***Please complete separate Dec page on the docks you rent*** List all Charter Boat Captains with their addresses that rent at your location)

- ☐ Dealer: New or Used Boats, including sale of marine supplies (marine supplies only, see Merchant, retail)
☐ Boat yard and marina, including dry dock or marine ways for care, repair or construction
☐ Jet Skis – # of Jet Skis _____
☐ Charter, Sightseeing or Rental Boats Total # of Boats: _____ (if this line has been checked, please complete table below.)

Please complete table below for each boat being rented:

<i>Type of Boat: Charter Boat, Sightseeing, or Rental (Please specify type of boat)</i>	<i>Boat's Maximum # of Person Capacity</i>	<i>Boat Registration or Document #</i>

4) **COIN OPERATED DEVICES** – (Any vending machine that dispense products, merchandise, or services or an amusement or game machine)

NOTE: The business location is responsible for the required business tax for each coin operated device operated at your location.

of Merchandise Vending Machines _____ # of Service Vending Machines _____
of Amusement Machines _____ # of Pool Tables _____
of Electronic Devices _____ # of Coin operated Washers etc. _____
of Other: _____ # of Coin operated Dryers, etc. _____

5) **MERCHANTS RETAIL/WHOLESALE** - (Annual inventory value shall mean the dollar value (cost) of a business ending inventory as of the end of the most recently completed fiscal year)

Stock up to \$5,000 ☐ Stock from \$5,001.00 to \$10,000.00 ☐ Stock of over \$10,000.00 ☐

6) **RESTAURANTS, CARRY OUT, DRINKING ESTABLISHMENT:**

of Indoor Seating: _____ # of Outdoor Seating: _____

7) **SERVICES** (If you provide any type of service) Details: _____

8) **WAREHOUSE:** – ☐ mini storage ☐ Lockers

9) **FINANCIAL INSTITUTIONS:** ☐ Banks ☐ Savings and Loans ☐ Credit Union ☐ Mortgage Companies

10) **RENTAL/PROPERTY MANAGEMENT CO:** _____

11) **HOTEL / MOTEL:**

#of Units _____

12) **OTHER RENTALS:** *Choose all that apply*

☐ Paddleboards, Kayaks ☐ Bikes, Tricycle, or Tandems
☐ Baby Supplies, Beach Supplies or similar rental

13) **BARBERSHOPS/BEAUTY PARLORS**

Each State Licensed individual is required to obtain an individual Local Business Tax Receipt.
Please complete State Licensed Professional section and attach an additional sheet if needed

Total # of Chairs _____

Total inventory value of retail product for sale \$ _____

Receiving a 1099-MISC or renting their own station: _____

- 14) PROFESSIONAL** – including but not limited to public accountants, brokers, architects, civil engineers, surveyors, osteopathy, physicians, veterinarians, lawyers, dentists, hair stylists, barbers, nail techs, massage therapists, tattoo businesses and artists, health or fitness clubs, personal trainers, aerobics instructors, etc. and any other similar profession which requires state licensing. The tax shall be construed to mean that each individual shall pay the tax provided for, whether practicing for their self or in partnership or employed by another, except where such employee is paid a straight salary only. Each State Licensed Professional is required to obtain an individual Local Business Tax Receipt – Please complete State Licensed Professional section and attach an additional sheet if needed

205.067 Exemptions; broker associates and sales associates.—

- 1) An individual licensed and operating as a broker associate or sales associate under chapter 475 is not required to apply for an exemption from a local business tax, pay a local business tax, or obtain a local business tax receipt.
- 2) An individual exempt under this section may not be held liable by any local governing authority for the failure of a principal or employer to apply for an exemption from a local business tax, pay a local business tax, or obtain a local business tax receipt. An individual exempt under this section may not be required by any local governing authority to apply for an exemption from a local business tax, otherwise prove his or her exempt status, or pay any tax or fee related to a local business tax.
- 3) A principal or employer who is required to obtain a local business tax receipt may not be required by a local governing authority to provide personal or contact information for individuals exempt under this section in order to obtain a local business tax receipt.

History.—s. 1, ch. 2012-102

Please indicate Profession: _____

Total number of licensed Professionals receiving a 1099-MISC whether practicing for themselves or in partnership or employed by another entity _____

COMPLETE BELOW - STATE LICENSED PROFESSIONALS:

205.067 Exemptions; broker associates and sales associates

Name	Profession/Type of License	Address, City, Zip	Phone Number

Fictitious Name / Corporation Affidavit

- ☐ Business is incorporated and registered with the Secretary of State
- ☐ Business is operated under Fictitious Name Documentation Number

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:

- ☐ Doing business under my legal name.
- ☐ Business name is a registered trademark.
- ☐ Exempt due to being licensed by DBPR, attach copy of license.
- ☐ Federally chartered Bank
- ☐ Other _____

Other business information and contacts you may or may not need

Fictitious Name Registration

If your business name does not contain your first and last name, you must register with the State of Florida, Division of Corporations in Tallahassee. This does not apply to corporations or to those certified with the DBPR.

If you wish to file as a corporation, contact: The Florida Department of State, Division of Corporations, P.O. Box 6327 Tallahassee, FL 32314 (850)488-9000, or at their web site www.sunbiz.org

If you are forming an **S-corporation**, you must also file Form 2553 with the **Internal Revenue Service**. Call **(800) 829-4933** or check online at <https://www.irs.com>

IRS General Information and Federal ID number
1-800-829-3676

State of Florida – Department of Agriculture
1-800-435-7352

Florida Department of Revenue---1-800-352-3671
Web Site: www.floridarevenue.com/dor/taxes/registration.html
Sarasota Service Center
Sarasota Main Plaza
1991 Main Street Suite 240
Sarasota, FL 34236
361-6001

Department of Business & Professional Regulation
Division of Hotel & Restaurant 1-800-749-6369
Division of Professionals 1-850-487-9501

Web Site: www.myfloridalicense.com

THIS PAGE IS TO BE COMPLETED BY BUSINESS OWNER

Per F.S. 205.0535(5) A Receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

The City of Holmes Beach collects your social security number for the following purposes: Compliance with State and Federal Requirements; identification and verification, billing and payments, benefit processing, and tax reporting. Social Security numbers are also used as a unique numeric identified and may be used for search purposes.

For your protection, this information is not entered into our database and is not available to the public.

Applicant: _____

Business Name: _____

SSN: _____

or

FEIN: _____

For questions please contact FL Department of Revenue at 1-800-829-4933.

THIS PAGE IS TO BE COMPLETED BY BUSINESS OWNER

I hereby certify that the information in the application is true and correct and that I am the owner of the Business. I further understand that providing false or misleading information on this application may result in being denied, or loss thereof, of any business tax receipts or permits issued by the City of Holmes Beach which were based upon information provided in this application and its attachments. I further understand that if there are any subsequent changes in the operation of my business as stated above, that I will agree to file the necessary application and seek prior approval from the City of Holmes Beach for any such changes. Failure to obtain the necessary approval will result in the loss of business tax receipts or permits issued by the City of Holmes Beach that were based on this application.

By executing this application, I acknowledge that the business is subject to local, state and federal laws and regulations. I acknowledge that the business and its intended use must comply with all applicable regulations.

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt by the City of Holmes Beach does not constitute a determination by the City that the property/business for which the tax is being paid is in full compliance with applicable federal, State, and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

Business Name: _____

Business Owner Signature

Date

Please print name (Business Owner)

Notarization Required

State of _____

County _____

Sworn to and subscribed before me this _____ day of _____,

_____ by _____.

Signature of Notary

Name of Notary Typed, Printed or Stamped

Personally Known _____

Produced Identification _____

Type of Identification Produced _____

In Foreign Countries – Oaths, affidavits, and acknowledgments, required or authorized by the laws of this state, may be taken or administered in any foreign country, by or before any judge or justice of a court of last resort, any notary public of such foreign country, any minister, consul general, charge d'affaires, or consul of the United States resident in such country. The jurat, or certificate of proof of acknowledgment, shall be authenticated by the signature and official seal of the officer or person taking or administering the same; provided, however, when taken or administered by or before any judge or justice of a court of last resort, the seal of such court may be affixed as the seal of such judge or justice.

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT EXEMPTION

I attest that I do not sell intoxicating liquors or malt and vinous beverages and the business for which I am applying meets the Florida State Statute requirements for a Business Tax fee exemption in accordance with the item checked below, and I do hereby apply for the same.

☐ I am a physically disabled person, incapable of manual labor, AND I do not have more than one employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000).
(F.S. 205.162 – Physician Certificate of Disability from performing manual labor required)

☐ I am sixty-five (65) years of age or older AND I do not have more than one employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000).
(F.S. 162 – Driver’s License or other proof of age required)

☐ I am an honorably discharged wartime veteran AND I am a permanent resident of Manatee County, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood.
(F.S. 205.171 – Honorable Discharge Certificate)

☐ I am the un-remarried spouse of an honorably discharged wartime veteran AND I am a permanent resident of Manatee County, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood.
(F.S. 205.171 – Honorable Discharge Certificate)

☐ I am the spouse of an active duty military service member, who has relocated to the City of Holmes Beach and/or Manatee County, Florida pursuant to a permanent change of station order.

☐ I am a low-income individual who is receiving public assistance, as defended in §403.2553, F.S.

☐ I am a low-income individual with a household income less than 130 percent of the federal poverty level based on the current year’s federal poverty guidelines.

***“UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT
AND THAT THE FACTS STATED IN IT ARE TRUE.”***

Applicant’s Signature

Business Name

Printed Name

Date

**EXEMPTION IS FOR THE BUSINESS TAX AMOUNT – APPLICATION FEE STILL APPLIES AND A TAX RECEIPT WILL
STILL BE ISSUED UPON APPROVAL OF APPLICATION**

**A BUSINESS TAX RECEIPT IS NOT REQUIRED FOR THE FOLLOWING;
HOWEVER, ZONING MUST BE VERIFIED BY THE CITY AND A USE PERMIT
MAY BE REQUIRED**

Farm, Aqua cultural, Grove, Horticultural, Floricultural, Tropical and Piscicultural and Tropical Fish Farm Products
F.S. 205.064

Available to business owners engaged in selling of farm, aqua cultural, grove, horticultural, floricultural, tropical piscicultural or tropical fish farm products, or products manufactured from them when such products were grown or produced by the business owner. A business tax receipt is not required.

Religious Tenets F.S. 205.191

Available to those persons practicing religious tenets of any church. A business tax receipt is not required.

Charitable Organization, Occasional Sales, Fundraising F.S. 205.192

Available to any charitable, religious, fraternal, youth, civic, service, or other such organization when the organization makes occasional sales or engages in fundraising projects when the projects are performed exclusively by the members and the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth civic and service activities of the organization. A business tax receipt is not required.

School Activities

Available to college and high school students who have been given approval from the athletic association or authority of their school to sell pennants, badges, insignia and novelties of their school. A business tax receipt is not required.

Fish Peddlers

Available to fishermen who have a fresh or salt water fish dealer's license and are selling or disposing of fish caught or acquired by them. The dealer must be selling directly to the consumer from vehicles within the county in which the fish were caught or acquired by the dealer. A business tax receipt is not required.

NOTE:

- ***Businesses who sell or make alcoholic liquor or operate gaming devices are not entitled to any exemptions.***
- ***A copy of 501(c)3 must be provided.***
- ***A copy of fresh or salt water fish dealer's license must be provided.***