

## **City of Naples, Florida Business Tax Application**

Control Number (Assigned by City)

Return completed application to: Finance Department, 735 8th St S, Naples, FL 34102. For questions, call 239-213-1812 or email athompson@naplesgov.com

athompson@na	aplesgov.com		
Business Name or Professional N	Name:		
Duainaga Address.		Cuito	
Business Address: City: Naples	State: FL Zip	Suite:  New Application	
Phone:	Fax:	Change of Name	
Type of Business or Profession:	ı ux.	Change of Address	
(Be Specific)		Change of Owner □	
		onange or owner	
Owner's Name:	Phone:	Number of:	
Home Address:		Employees	
City:	State: Zip:	Rooms	
E-Mail Address:	Otato: E.p.	Seats	
Social Security of Federal ID Nur	 nber:	Units	
The City of Naples, Finance Department		Vehicles	
	atute 205.0535(5) and for no othe	er	
purpose			
Name (Print)			
Signature		Date	
Please Read Carefully:			
All receipts provided for herein shall be issued for and apply to one location or business name. <b>The</b> owner's <b>name and address must be listed</b> . If a firm, the names of all members of the firm; if a corporation, the names of all officers of the corporation must be provided. Any receipt obtained under the provisions of the City's Code of Ordinances, upon misrepresentation of a material fact, shall be deemed null and void. The applicant, who has thereafter engaged under such receipt, shall be subject to prosecution for doing business without a receipt, to the same effect and degree that no receipt had been issued. There is a fee of 10% of the required business tax fee for changes made to name, address, or owner (\$3 minimum or \$25 maximum). Upon submission of your application you must provide:			
<ul> <li>a) Business Tax Fee, and;</li> <li>b) Copy of Fictitious Name Registration, or;</li> <li>c) Copy of Corporate Registration and list of officers, or;</li> <li>d) If you are using your legal name—By signing this application I certify that this is my legal name ( attach copy of driver's license).</li> <li>e) Professionals must also provide a copy of their State License, Department of Professional Regulation certificate, Florida Bar Association certificate or any other professional license document(s).</li> </ul>			
*All corporations doing business in the STATE OF FLORIDA must be registered with the SECRETARY OF STATE by filing Corporate Registration and/or Fictitious Name Registration (D/B/A)			
*** To I	be completed by Building and Zoning	Division ***	
Business	-	Approved $\square$	
Limitations		Disapproved	
Director of Community			

Date

Development

## NAPLES POLICE & EMERGENCY SERVICES BUSINESS PROFILE/EMERGENCY CONTACT INFO

(Required for all business applications)

The Naples Police & Emergency Services department requests that you complete this form with the requested information and return it to the customer service division with your occupational license application/renewal form. This information is important in the event of an emergency occurring upon your premises during non-business hours.

Business Name:		
Business Address:		
Business Phone:	Business F	ax:
Type of Business:		
Owner's Name:		
Owner's Address:		
Owner's Home Phone:	Mobile Phone:	
Alarm Company:		
Alternate Keyholder Informati	ion:	
Name	Position In Business	Contact Phone Number