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 239-213-1800 or email custorv@n aplesgov.com   Control Number (Assigned by City)     Business Name or Professional Name:   Suite:   Control Number (Assigned by City)     Business Address:   Suite:   Control Number (Assigned by City)     City:   Naples   State: FL   Zip     Phone:   Fax:   Change of Name   Change of Name     Type of Business or Profession:   Change of Address   Change of Owner   Change of Owner     Owner's Name:   Phone:   Number of:   Employees     City:   State:   Zip:   Rooms     Social Security of Federal ID Number:   Units   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other purpose   Units   Vehicles     Name (Print)   Signature   Date					
Naples, FL 34102. For questions, call 239-213-1800 or email custorv@n     Business Name or Professional Name:     Suite:     Suite:     City: Naples   State: FL Zip   New Application     Phone:   Fax:   Change of Name   Image of Address   Image of Owner   Image of Owner </th <th colspan="3"></th> <th></th>					
Business Address:   Suite:     City:   Naples   State: FL   Zip   New Application		Naples, FL 34102. For questions, call 239-213-1800 or email cus			
City:   Naples   State:   FL   Zip   New Application   □     Phone:   Fax:   Change of Name   □     Type of Business or Profession:   Change of Address   □     (Be Specific)   Change of Owner   □     Owner's Name:   Phone:   Number of:     Home Address:   Employees     City:   State:   Zip:     Rooms   Seats     Social Security of Federal ID Number:   Units     The City of Naples, Finance Department collects Social Security   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other   Vehicles     Name (Print)   Final Address   Image: Complex of the statute 205.0535(5) and for no other	Business Name or	Professional Name:			
Phone:   Fax:   Change of Name   Image: Change of Address     Type of Business or Profession:   Change of Address   Image: Change of Address   Image: Change of Address     (Be Specific)   Change of Owner   Image: Chan	Business Address:			Suite:	
Type of Business or Profession:   Change of Address   I     (Be Specific)   Change of Owner   I     Owner's Name:   Phone:   Number of:     Home Address:   Employees   I     City:   State:   Zip:   Rooms     E-Mail Address:   Seats   I   I     Social Security of Federal ID Number:   Units   I   I     The City of Naples, Finance Department collects Social Security   Vehicles   I   I     Numbers to comply with State Statute 205.0535(5) and for no other   Vehicles   I   I     Name (Print)   I   I   I   I   I	City: Naples	State: FL Zip	New A	pplication	
(Be Specific)   Change of Owner   □     Owner's Name:   Phone:   Number of:     Home Address:   Employees     City:   State:   Zip:     Rooms   Seats     Social Security of Federal ID Number:   Units     The City of Naples, Finance Department collects Social Security   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other   Units     Name (Print)   Vehicles	Phone:	Fax:	Chang	e of Name	
Owner's Name: Phone: Number of:   Home Address: Employees   City: State: Zip:   Rooms Seats   Social Security of Federal ID Number: Units   The City of Naples, Finance Department collects Social Security Vehicles   Numbers to comply with State Statute 205.0535(5) and for no other Vehicles	Type of Business of	or Profession:	Chang	e of Address	
Home Address:   Employees     City:   State:   Zip:   Rooms     E-Mail Address:   Seats   Seats     Social Security of Federal ID Number:   Units   Vehicles     The City of Naples, Finance Department collects Social Security   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other   Vehicles     Name (Print)   Vehicles	(Be Specific)		Chang	e of Owner 🛛	
City: State: Zip: Rooms   E-Mail Address: Seats Seats   Social Security of Federal ID Number: Units Units   The City of Naples, Finance Department collects Social Security Vehicles   Numbers to comply with State Statute 205.0535(5) and for no other Vehicles	Owner's Name:	Phone:	Numbe	er of:	
E-Mail Address:   Seats     Social Security of Federal ID Number:   Units     The City of Naples, Finance Department collects Social Security   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other   Vehicles     Name (Print)   Vehicles	Home Address:		Employ	yees	
Social Security of Federal ID Number:   Units     The City of Naples, Finance Department collects Social Security   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other   Vehicles     Name (Print)   Vehicles	City:	State: Zip:	Rooms	8	
Social Security of Federal ID Number:   Units     The City of Naples, Finance Department collects Social Security   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other   Vehicles     purpose   Name (Print)	E-Mail Address:		Seats		
The City of Naples, Finance Department collects Social Security   Vehicles     Numbers to comply with State Statute 205.0535(5) and for no other   Vehicles     Name (Print)   Vehicles	Social Security of Federal ID Number:			Units	
	The City of Naples, Finance Department collects Social Security Numbers to comply with State Statute 205.0535(5) and for no other		Vehicle	es	
Signature Date	Name (Print)				
	Signature		Date		

## Please Read Carefully:

All receipts provided for herein shall be issued for and apply to one location or business name. **The** owner's **name and address must be listed**. 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:

a) Business Tax Fee, and;

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- b) Copy of Fictitious Name Registration, or;
- c) Copy of Corporate Registration and list of officers, or;
- 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*).
- 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).

\*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)

Business Limitations	*** To be completed by Building and Zoning Divisio.	<i>n</i> *** Approved Disapproved	
Director of Community Development		Date	

## 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 Fa	ax:				
Type of Business:						
Owner's Name:						
Owner's Address:						
Owner's Home Phone:	Mobile Pho	Mobile Phone:				
Alarm Company:						
Alternate Keyholder Information:						
Name	Position In Business	Contact Phone Number				