



City of Naples, Florida Business Tax Application

Control Number
(Assigned by City)

Return completed application to: Customer Service, 735 8th St S,
Naples, FL 34102. For questions, call 239-213-1800

Business Name or Professional Name:			
Business Address:		Suite:	
City: Naples	State: FL	Zip	New Application <input type="checkbox"/>
Phone:	Fax:		Change of Name <input type="checkbox"/>
Type of Business or Profession: (Be Specific)			Change of Address <input type="checkbox"/>
			Change of Owner <input type="checkbox"/>
Owner's Name:	Phone:	Number of:	
Home Address:		Employees	
City:	State:	Zip:	Rooms
E-Mail Address:		Seats	
		Units	
Name (Print)		Vehicles	
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. Transfer of ownership or transfer of address or place of business, requires a new application. There is a fee of 10% of the required business tax fee for any changes made (\$3 minimum or \$25 maximum). Upon submission of your application you must provide:

- a) Business Tax Fee, and;
- 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)

*** To be completed by Building and Zoning Division ***	
Business Limitations	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
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 Fax:	
Type of Business:		
Owner's Name:		
Owner's Address:		
Owner's Home Phone:	Mobile Phone:	
Alarm Company:		
Alternate Keyholder Information:		
<i>Name</i>	<i>Position In Business</i>	<i>Contact Phone Number</i>