



City of Naples, Florida BUSINESS TAX APPLICATION

Return completed applications with all attachments to:
Finance Department | Business Tax Receipt
 735 8th Street South | Naples, FL 34102 | Phone: 239-213-1800
 email: custsrv@naplesgov.com

Internal Use Only	
Account #	
Bill #	
Date Rcvd	
Date Appd	

Business Name or Professional Name:			
Business Location 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/Chairs
Social Security or Federal ID #:			Units /Machines
<i>The City of Naples collects Social Security Numbers to comply with State Statute 205.0535(5) and for no other purpose.</i>		Vehicles / Boats	

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 receipts 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 has been issued. There is a fee of 10% of the required business tax fee for changes made to the name, address, or owner (\$3.00 minimum or \$25 maximum). **Upon submission of your application the following must be attached or it will be returned to you:**

1. Business Tax Fee, and;
2. Copy of Fictitious Name Registration, or;
3. Copy of Corporate Registration and list of officers, or;
4. 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)
5. Professionals must also provide a copy of their State Licenses, Department of Professional Regulation Certificate, Florida Bar Association certificate or any other professional license document (s).

Boat Applications must have attached:

1. State of Florida vessel registration;
2. Copy of captain's license (if applicable);
3. Coast Guard certificate of inspection (if applicable);
4. Proof of insurance;
5. Summary of Boats (if more than one, use attachment) and,
6. Mooring letter of permission. Applicants for an unrestricted charter boat or water taxi license must provide proof of ownership of a mooring slip or a letter of permission from the facility where the boat is moored if the mooring slip is not owned by the applicant.
7. Letter of Permission for use of Landside Facility. Applicants for restricted charter boats.

NOTE: 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)

Name: (Print)	
Signature:	Date:

BUSINESS PROFILE/EMERGENCY CONTACT INFO

(Required for all business applications)

Please complete this form with all pertinent information and return it to the customer service division with your business tax receipt 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 Key holder Information:		
<i>Name</i>	<i>Position in Business</i>	<i>Contact Phone Number</i>

SUMMARY OF BOATS

(Required for fleet marine businesses with more than one boat)

Name of Boat	FL Vessel ID	Hull #	Expiration Date	Capacity	City #