

### **Business Tax Checklist**

**Please make sure the following items accompany your signed “Application for a City of North Port Business Tax Receipt” at the time of submission.**

#### **Checklist:**

Complete and sign the “Application for a City of North Port Business Tax Receipt” in its entirety.

Obtain your fictitious name, LLC, or incorporation registration (unless you are using your First and Last Name as the name of the business) and **attach a copy** with the application.

Obtain a Federal Tax ID/EIN from the Internal Revenue Service (unless you are using your SSN for the business) and **attach a copy** with the application.

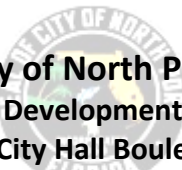
**Provide copies** of the appropriate State licensing/registration for the following: **(If Applicable)**

- Types of business:
- ALF/Child Care/Adult Living/Adult Care (ACH licensure or Sarasota Board if for child care)
  - Travel Agency – Seller of Travel registration from
  - Other as required

Provide proof of garbage disposal services with Solid Waste **(commercial businesses only\*)**

\*Please contact Diane Martin at (941) 240-8057 if you have any questions about providing proof of garbage disposal services for your commercial location

\*\*\*Fees will be based on the type of business, and in accordance with the City Wide Fee Schedule\*\*\*

  
**City of North Port**  
Economic Development Division  
4970 City Hall Boulevard  
North Port, FL 34286

Phone (941) 429-7029

Email: BTRInfo@NorthPortFL.gov

**Application for a City of North Port Business Tax Receipt**

All businesses in the City of North Port are encouraged to contact Sarasota County regarding the business tax receipt requirement for the county. Please call (941) 861-8300 for more information.

Specific business activity \_\_\_\_\_

Business Name \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Business Location Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Square footage of business (or sq ft of area in home used for business) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Federal Tax ID/EIN or SSN (**required**) \_\_\_\_\_

Fictitious name, LLC, or incorporation registration (Attach copy)

Is the business operated from a commercial location? YES NO

Is the business operated from a residential location? (Home based business) YES NO

Is a State license or certificate required for your occupation? (Attach copy) YES NO

**I ATTEST THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:**

Sign \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only*

Category _____	Zoning Approval _____
Annual Rate \$ _____	Pro-Rate \$ _____