

**TOWN OF LONGBOAT KEY**

Town Clerk's Office
501 Bay Isles Road
Longboat Key, FL 34228
Phone: 941-316-1999 FAX: 941-316-1656

**LOCAL BUSINESS TAX
RECEIPT APPLICATION**

The following documents are required in support of the Local Business Tax Receipt Application, dependent upon the specified category. ALL applications must include owner information (home address and phone number) and a Federal Identification Number or Social Security Number and signature. Note: additional documentation may be required depending on business type and activity.

Commercial / Professional - A(1)

- State License (if applicable)
- Sarasota County Business Tax Receipt (if applicable)
- Corporate/LLC/Sole Proprietorships/Partnership Documents
- Fictitious Name Registration (if applicable)

Real Estate Firms / Broker of Record - A(2)

- Florida Real Estate Office License
- Sarasota County Business Tax Receipt (if applicable)
- Corporate / LLC / Sole Proprietorships / Partnership Documents
- Fictitious Name Registration (if applicable)

Developers - C

- Florida Contractors License (General or Sub-Contractor)
- Sarasota County Business Tax Receipt (if applicable)
- Corporate / LLC / Sole Proprietorships / Partnership Documents
- Fictitious Name Registration (if applicable)

Accommodations – D(1)

- Sarasota County Business Tax Receipt (if applicable)
- Corporate / LLC / Sole Proprietorships / Partnership Documents
- Fictitious Name Registration (if applicable)

Rentals – D(2)

- Federal Identification Number or Social Security Number
- Owner Information (home address and phone number)

Restaurant - E

- State of Florida Hotel Commission Licenses (Food and/or Alcoholic Beverage)
- Sarasota County Business Tax Receipt (if applicable)
- Corporate / LLC / Sole Proprietorships / Partnership Documents
- Fictitious Name Registration (if applicable)

Home Occupation - F

- Permitted Home Business Affidavit
- Sarasota County Business Tax Receipt (if applicable)
- Corporate / LLC / Sole Proprietorships / Partnership Documents
- Fictitious Name Registration (if applicable)

Insurance Company - G

- State of Florida Department of Finance Service Registration - Certificate of Authority
- Corporate / LLC / Sole Proprietorships / Partnership Documents
- Fictitious Name Registration (if applicable)

Other – H

- Required documents will be based on your business activities



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LOCAL BUSINESS TAX RECEIPT APPLICATION

Local Business Tax Receipt Category *(select the nature of the business)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Commercial/Professional | <input type="checkbox"/> Real Estate Office | <input type="checkbox"/> Developer |
| <input type="checkbox"/> Hotels/Motels/Tourism Units | <input type="checkbox"/> Residential Rental | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Permitted Home Occupation | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Financial/Bank |
| <input type="checkbox"/> Other, not listed above | | |

Business Information

Name of Business:		
Federal ID or SSN:		
Address:		
Phone:	Fax:	Email:

Owner Information

Owner Name:		
Address:		
Phone:	Fax:	Email:

Residential Rental Information *(if applicable)*

Owner/Agent Name:		
Owner/Agent Address:		
Phone:	Fax:	Email:

Additional Information Provided in Support of this Application *(select those that apply)*

- Required: Social Security Number or FEIN (required by FS 205.0535(5))
- Fictitious Name Documents
- Incorporation Documents
- Charter Letter from State of FL
- Affidavit (Applies only to Permitted Home Occupation)
- Applicable State of Florida Licenses
- Sarasota County Licenses (for those businesses located within Sarasota County on Longboat Key)
- Other, please specify: _____

**Signature of Officer, Partner or
Owner of Proposed Business:** _____

Date: _____



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LOCAL BUSINESS TAX RECEIPT CREDIT CARD AUTHORIZATION FORM

I here by authorize the Town of Longboat Key to charge the designated credit card below for payment. The Town of Longboat Key only accepts Visa and MasterCard with a maximum of \$5,000 per transaction per card.

Please complete the following information. Any incomplete authorization forms will not be accepted.

Cardholder Name: _____

Billing Street Address : _____

State: _____ Billing Zip Code: _____

Cardholder Phone: (_____) _____ - _____

Optional: Cardholder Email: _____

Optional: Cardholder Fax: (_____) _____ - _____

Credit Card No.: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVV# _____ (Three digits on back of card)

Cardholder Signature: _____