

# BUSINESS TAX CHECKLIST

Please make sure the following items accompany your Business Tax Receipt Application at the time of submission.

## Checklist:

- Complete Business Tax Receipt Application in its entirety
- Obtain Fictitious Name or incorporate and provide a copy of proof of Fictitious Name from the State or incorporation with the application
- Obtain a tax identification number from the Internal Revenue Service and provide a copy
- Please 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)
  - Taxi (inspection report from Police department and state license if applicable)
  - Travel Agency – Seller of Travel registration from state (either as individual or exemption if under a host agency)
  - Other as required
- Provide proof of garbage disposal services with Solid Waste (Commercial businesses only).  
\*All Commercial Businesses must provide documentation of a Solid Waste garbage disposal account.  
Please contact Diane Martin at #941-240-8057 with any questions.
- Payment of \$ \_\_\_\_\_ (cash, check or money order only) made payable to City of North Port  
This fee is based upon the type of business and is in accordance with the City Wide Fee Schedule

CITY OF NORTH PORT  
Neighborhood Development Services  
4970 City Hall Boulevard  
North Port, FL 34286

Phone (941) 429-7017

email: bldginfo@cityofnorthport.com

Fax (941) 429-7180

**Registration for North Port Business Tax Receipt**

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

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

Zoning Approval \_\_\_\_\_ Date of application \_\_\_\_\_

Business name \_\_\_\_\_

Owner's name \_\_\_\_\_ Owners phone: \_\_\_\_\_

Business location: Address \_\_\_\_\_

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

Driver's license number \_\_\_\_\_

Business phone \_\_\_\_\_ Fax/email \_\_\_\_\_

Square footage of business: \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Federal tax number/EIN (Required) \_\_\_\_\_

Fictitious name registration or exemption or incorporation (Copy attached)

Is a Certificate of Occupancy required for your place of business? \_\_\_ YES \_\_\_ NO

I have received and reviewed a copy of the Home Occupation regulations \_\_\_ YES \_\_\_ NO

Is a State license or certificate required for your occupation \_\_\_ YES \_\_\_ NO (Copy attached)

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

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

Staff only

Category \_\_\_\_\_

Annual Rate \$ \_\_\_\_\_ Pro-Rate \$ \_\_\_\_\_



# NORTH PORT POLICE DEPARTMENT

4980 City Hall Boulevard  
North Port, FL 34286  
(941) 429-7300

## BUSINESS EMERGENCY INFORMATION SHEET

Shopping Center Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Business Hours: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

	NAME	ADDRESS	PHONE NUMBER
1)			
2)			
3)			
4)			
5)			

### ALARM INFORMATION

Alarm Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Is alarm audible?  Yes  No Does alarm reset automatically?  Yes  No

### OTHER INFORMATION

Cleaning Company Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Are weapons kept on premises?  Yes  No

Is there a safe on premises?  Yes  No

Are night lights used?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_