



TOWN OF KENNETH CITY

A SAFE, FRIENDLY SMALL TOWN

6000 54th Avenue North - Kenneth City, Florida 33709

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Town of Kenneth City New/Renewal Business Tax Receipt Application 2024-2025

Application is hereby made for a business tax receipt for the purpose of engaging in the business, profession or occupation herein described. Please be advised, your business and its location must meet zoning, planning and fire approvals prior to your tax receipt being issued. It is our recommendation beforehand to make sure (before you sign any contracts or leases) to consult with the Town Clerk.

Name of Business: _____

Physical Address of Business: _____

Type/Industry of Business: _____ Business Phone #: _____

Business **Mailing** Address: _____

Email Address: _____

check one: Corporation Partnership Sole Proprietorship LLC

If a corporation, partnership or LLC, please provide names and addresses of all officers etc. along with copies of paperwork.

Names:	Addresses:	Email:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Per F.S. 865.09, any name under which a person transacts business in this state, other than the person's legal name, must register with the Florida Department of State (Sunbiz.org). Copies of this paperwork should also be turned in with this application.

Applicant's Name: _____ Phone #: _____

Applicant's Address: _____ Email: _____

Applicant's Driver's License #: _____ State of Issuance: _____

FEIN # _____ Social Security # _____

Is this business or occupation regulated by any Federal, State or Local agency, board or organization? Yes ___ No ___
If yes, please provide a copy of the applicable regulatory documentation along with this application.

To determine your business tax, please answer the applicable questions on the following pages. **Application will NOT be processed without required information:**

Type of Business: _____

of Employees: _____ # of Vehicles: _____

of Resident/Patient Capacity (for Nursing Homes, Hospitals, Congregate Living): _____

of Vending Machines: _____ Type of Machines _____

Do you own the machines? _____ Owned or Leased? _____

If leased, please provide name/address/phone of vendor:

of Licensed Professionals: _____

of Stations in Cosmetology, Nail Salons, Etc.: _____

of Rental Units in Multi-Family/Apartment Complexes: _____

of Seats/Tables in Restaurant/Bar/Cafe: _____

Inventory Value, at Cost: _____

Signature

Date

Application is hereby made for a business permit for the privilege of engaging in the business, profession or occupation herein described, and swear/affirm that all information furnished, by me, in this application is true and correct.

OFFICIAL USE ONLY

Check address:
Building:
Zoning:
Fire:

Fictitious Name Affidavit, if applicable.

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:

- Doing business under my legal name.
- Business is incorporated and registered with the Secretary of State.
- Business name is a registered trademark.
- Exempt due to being licensed by DBPR.
- Federally chartered bank.
- Other

Name: _____

Signature

Date

Fire Department Questionnaire - ALL Applicants

The following questions need to be answered for the Fire Department. Thank you for your cooperation.

Also, per Florida Statute Chapter 442, businesses are required to report toxic substances to their local fire department as well as keep a list of the substances on file at the business location. Please complete and sign the Hazardous Material Management Plan attached to this application.

_____ If you do not have any hazardous substances at your business location and do not use any hazardous substances please check the line preceding this sentence.

Name & Address of Business: _____

Telephone Number: _____

Is your business open to the public? Yes ___ No ___

Does your business have exit signs indicating the exit door(s) or pathway? Yes ___ No ___

Are your exit signs the lighted type? Yes ___ No ___

Are the lights working properly over the exit sign(s)? Yes ___ No ___

Does your place of business have fire extinguishers? Yes ___ No ___

How many exits do you have? _____

List two (2) names of emergency contact persons (key holders).

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Required permits from other agencies:

Agency	Number
_____	_____
_____	_____
_____	_____

Hazardous Material Information, if applicable.

Type of Permit (check one)

- Temporary (30 days or less)
- Provisional (existing business)
- Full (new)

Specify quantity range (check one):

- Range #1 – Up to and including 500 pounds of solids, 55 gallons for liquids and 200 cubic feet at STP* for compressed gases.
- Range #2 – Between 501 and 5,000 pounds of solids, 56 and 549 gallons for liquids and 201 and 2,000 cubic feet at STP* for compressed gases.
- Range #3 – Between 5,001 and 25,000 pounds for solids, 550 and 2,750 gallons for liquids, and 2,001 and 10,000 cubic feet at STP* for compressed gases.
- Range #4 – Between 25,001 and 50,000 pounds for solids, 2,751 and 5,500 gallons for liquids, and 10,001 and 20,000 cubic feet at STP* for compressed gases.
- Range #5 – More than 50,000 pounds for solids, 5,501 gallons for liquids, and 20,001 cubic feet at STP* for compressed gases.

Sec. 50-38. - When due and payable; delinquency; penalty.

- (a) All receipts shall be sold by the appropriate tax collector beginning July 1 of each year, are due and payable on or before September 30 of each year, and expire on September 30 of the succeeding year. If September 30 falls on a weekend or holiday, the tax is due and payable on or before the first working day following September 30. Provisions for partial receipts may be made in the resolution or ordinance authorizing such receipts. Receipts that are not renewed when due and payable are delinquent and subject to a delinquency penalty of ten percent for the month of October, plus an additional five percent penalty for each subsequent month of delinquency until paid. However, the total delinquency penalty may not exceed 25 percent of the local business tax for the delinquent establishment.
- (b) Any person who engages in or manages any business, occupation or profession without first obtaining a local business tax receipt, if required, is subject to a penalty of 25 percent of the receipt due, in addition to any other penalty provided by law or ordinance.
- (c) Any person who engages in any business, occupation or profession covered by this article, who does not pay the required local business tax within 150 days after the initial notice of tax due, and who does not obtain the required local business tax receipt, is subject to civil actions and penalties, including court costs, reasonable attorneys' fees, additional administrative costs incurred as a result of collection efforts, and a penalty of up to \$250.00.

(Ord. No. 571, § 1, 8-12-09)

State Law reference— Similar provisions, F.S. § 205.053.