

**THE CITY OF PENSACOLA, FLORIDA  
LOCAL BUSINESS TAX APPLICATION**

222 West Main Street, 5<sup>th</sup> Floor Pensacola, Florida 32502  
Po Box 12910 Pensacola, Florida 32521-0015 850-436-5693 [www.cityofpensacola.com](http://www.cityofpensacola.com)

DATE: \_\_\_\_\_, 20\_\_\_\_ License Year: 20\_\_\_\_ to 20\_\_\_\_

Type of Business: \_\_\_\_\_

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

Fictitious Name Registration Number: \_\_\_\_\_

Fictitious Name Affidavit: 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:

- Business is incorporated and registered with the Secretary of State.
- Exempt due to being licensed by the Department of Business & Professional Regulation
- Attorney licensed to practice law in Florida
- Business name is a registered trademark
- Single owner doing business under my legal name (FIRST AND LAST NAME)

Owner's Name: \_\_\_\_\_

Social Security or Federal Tax I.D.: \_\_\_\_\_

State Certification Number: \_\_\_\_\_

Escambia Co. Local Business Tax Account Number: \_\_\_\_\_

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

\_\_\_\_\_This business will be operated in a home. I have been provided, read and understand Section 12-2-33 of the City of Pensacola City Ordinance defining home occupation.

\_\_\_\_\_This business is in full compliance with the provisions of this section. This business will not be operated in a home.

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

Telephone #: \_\_\_\_\_

Email Address \_\_\_\_\_

Number of employees: \_\_\_\_\_

Local Business Tax Amount: \_\_\_\_\_

Sign: \_\_\_\_\_

I certify that the information relating to this registration for Business Tax is true and correct to the best of my knowledge and belief. I agree I must comply with state and local ordinances, including zoning and the Florida Building Code.

BUILDING OCCUPANCY CLASS	PROPERTY USE CODES	ZONING DISTRICT