Finance Department/Collection Division 338 Minorca, First Floor Coral Gables, FL 33134 305-460-5296 www.coralgables.com

City of Coral Gables Local Business Tax Application

siness Tax A

Tax Year _____(Tax period expires September 30th)

Customer #_____

Activity #_____

This application is <u>NO</u>	<u>r</u> your Business Tax Receipt. Do not operate the	e business until the Certificate of Use a	nd the Business Tax Receipt are issued.		
	TO BE COMPLETED	BY APPLICANT			
Business Name (DBA)					
Name of Owner / President	/ Partnership / Corp. Name				
Business Address			Suite		
Business Phone		Square Footage			
Contact Name		Cell Phone			
Email Address					
Start Date at this Location	Does this b	Does this business have a location outside the United States (Y/N)?			
Federal ID or Social Securi	ty No	State License/Bar No.			
Dept. of Agriculture No		Driver License No.			
Type of Business (be speci	fic)				
Number of Employees	Number of Seats / Units /	Cost Value of Merchandise Carri	ed		
Mailing Address (if different)		Suite		
Attn	City	State	Zip Code		
Date	Print Name	Signed			
SWEAR THE INFORMATIO	N GIVEN HEREON IS TRUE AND CORRE	CT (Owr	ner. Officer or Manager)		

NOTE: By submitting this form, you are consenting to receive Business Brief emails from: City of Coral Gables, 405 Biltmore Way, Coral Gables, FL, 33134 United States, https://www.coralgables.com/department/economic-development. You can revoke your consent to receive emails at any time by using the SafeUnsubscribe SafeUnsubscribe® link, found at the bottom of every email sent.

CITY OF CORAL GA	BLES OFFICE USE ONLY		
Classification/s	Inspection Fee	\$ 25.00	
New Renewal Transfer of Location / Ownership	Document Filing Fee	1.00	
Other	Recording Fee	7.00	
Folio	Fire Inspection Fee	 	
Amount Paid	Transfer Fee	 	
Date	Prior Year Tax	 	
Check No.	Penalty	 	
Received By	Business Tax	 	
, <u> </u>	Total Due	\$ 	