

Finance Department/Collection Division
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 Coral Gables, FL 33134
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City of Coral Gables
Local Business Tax Application



Tax Year _____
 (Tax period expires September 30th)
 Customer # _____
 Activity # _____

This application is NOT your Business Tax Receipt. Do not operate the business until the Certificate of Use and 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 business have a location outside the United States (Y/N)? _____

Federal ID or Social Security No. _____ State License/Bar No. _____

Dept. of Agriculture No. _____ Driver License No. _____

Type of Business (be specific) _____

Number of Employees _____ Number of Seats / Units / Cost Value of Merchandise Carried _____

Mailing Address (if different) _____ Suite _____

Attn _____ City _____ State _____ Zip Code _____

Date _____ Print Name _____ Signed _____

LSWEAR THE INFORMATION GIVEN HEREON IS TRUE AND CORRECT (Owner, 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/departement/economic-development>. You can revoke your consent to receive emails at any time by using the SafeUnsubscribe link, found at the bottom of every email sent.

CITY OF CORAL GABLES OFFICE USE ONLY

Classification/s _____

New Renewal Transfer of Location / Ownership

Other _____

Folio _____

Amount Paid _____

Date _____

Check No. _____

Received By _____

Inspection Fee \$ 25.00

Document Filing Fee 1.00

Recording Fee 7.00

Fire Inspection Fee _____

Transfer Fee _____

Prior Year Tax _____

Penalty _____

Business Tax _____

Total Due \$ _____