



TEL: 772.288.5319  
FAX: 772.600.1280

# LOCAL BUSINESS TAX RECEIPT CHECKLIST INDIVIDUAL PROFESSIONAL

*Please print clearly and provide all required information*

**Sec. 38-64.—Individual professionals to pay fee.**

Whenever in this article a local business tax is provided for architects, auctioneers, auditors, accountants, dentists, draftsmen, civil engineers, lawyers, osteopaths, chiropractors, chiropricists, physicians, or other similar professions, such provision shall be construed to require that each individual shall pay the tax herein provided, whether practicing by himself or in partnership or employed by another.

**\*Please be aware that if you fail to pay the tax and obtain a receipt, you will be subjected to fines and further costs.**

**A BUSINESS TAX RECEIPT WILL NOT BE ISSUED WITHOUT THE FOLLOWING:**

- 1. Copy of driver's license.**
- 2. Copy of State of Florida license, registration, or certification (for ALL licensed professionals).**
- 3. Verification of employment on company letterhead. The letter will include the business location, the individual professional's name, and whether they are employed or working as an independent contractor (1099).**
- 4. Payment for your local business tax.**
- 5. On the application you MUST provide a social security number or a tax ID number for the professional (NOT THE BUSINESS) FS205.0535(6)**

**\*\* Tax fees vary—please contact the City of Stuart Business Tax Department at (772) 288-5319 to obtain the amount of the tax due.**

## **Transfer of Local Business Tax Receipt**

To transfer a Local Business Tax Receipt from one location in the City to another, you must provide a copy of the documentation above that applies to your business and you must surrender your original Local Business Tax Receipt.

**Local Business Tax Transfer Fee: 10% of the annual tax. (A minimum of fee \$3.00 and a maximum fee of \$25)**



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# LOCAL BUSINESS TAX RECEIPT APPLICATION

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## SECTION I TO BE COMPLETED BY APPLICANT

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Business                       | <input type="checkbox"/> Business Name Change | <input type="checkbox"/> Additional Category |
| <input type="checkbox"/> Individual Professional - 1099     | <input type="checkbox"/> Transfer - Location  | <input type="checkbox"/> Change of Category  |
| <input type="checkbox"/> Individual Professional - Employee | <input type="checkbox"/> Transfer - Owner     | <input type="checkbox"/> Amplified Sound     |

Business Name : \_\_\_\_\_ Phone # : \_\_\_\_\_  
 Business Address : \_\_\_\_\_ City : \_\_\_\_\_ ST : \_\_\_\_\_ ZIP : \_\_\_\_\_  
 Mailing Address (if different than above) : \_\_\_\_\_  
 Fax # : \_\_\_\_\_ Email : \_\_\_\_\_  
 Parcel ID # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 0 0 0 0  
 Sales Tax # : \_\_\_\_\_ EIN : \_\_\_\_\_ State License # : \_\_\_\_\_  
 # of Employees/Working Owners  # of Onsite Parking Spaces  # of Restaurant Seats

### PROVIDE AFTER HOURS EMERGENCY CONTACT INFO

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's Name : \_\_\_\_\_ Age \_\_\_\_\_ Phone # : \_\_\_\_\_  
 Home Address : \_\_\_\_\_ City : \_\_\_\_\_ ST : \_\_\_\_\_ ZIP : \_\_\_\_\_  
 Email : \_\_\_\_\_ Driver's License # : \_\_\_\_\_

The City of Stuart collects your social security number for one or more purposes including: reconciliation of accounts, verification of identity, credit worthiness, billing or payment requirements of third parties, tracking or processing of claims or other submissions, benefit processing, tax or other third party vendor or bank requirements and background search purposes. F.S.119.071(5) as referenced in F.S.205.0535(5)

Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### CORPORATIONS/PARTNERSHIPS - PROVIDE THE FOLLOWING INFORMATION

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_  
 Address : \_\_\_\_\_ Fax # : \_\_\_\_\_  
 City : \_\_\_\_\_ ST : \_\_\_\_\_ ZIP : \_\_\_\_\_ Email : \_\_\_\_\_

### CLEARLY STATE THE TYPE OF BUSINESS THAT YOU WILL ENGAGE IN:

#### APPLICANT

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that if any portion is false or misrepresented, such fact may constitute a criminal violation of City Code Sec. 38-95 and may be just cause for immediate revocation of any Local Business Tax Receipt issued to me. Every Local Business Tax Receipt issued under the provisions of this article shall expire on September 30th of each year.

I further understand that the issuance of a Local Business Tax Receipt to conduct business in the City of Stuart is a privilege, and failure to correct conditions on the premises which are in violation of Section 1-13 of the Stuart Code of Ordinances, may be just cause for immediate revocation of any Local Business Tax Receipt issued to me. You must obtain a Martin County Business Tax Receipt upon receiving your City of Stuart Local Business Tax Receipt.

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

ZONING APPROVAL : YES  NO

TAX \$

CATEGORY #

FIRE INSPECTION \$

ACCOUNT #

GREASE TRAP \$

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BACKFLOW INSPECTION: YES  NO

TOTAL DUE \$