



**LOCAL BUSINESS TAX RECEIPT DIVISION**

**APPLICATION FOR TAX RECEIPT  
"Professional"**

City of Sarasota  
Local Business Tax Receipt  
City Hall Annex Bldg  
1565 1<sup>st</sup> Street  
Sarasota, FL 34236

(941) 954-4186  
Fax: (941) 954-4187

**YOUR PROFESSIONAL NAME:** \_\_\_\_\_

**BUSINESS NAME (IF DIFFERENT):** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT):** \_\_\_\_\_

**BUSINESS E-MAIL:** \_\_\_\_\_

**PROVIDE ONE:**

**FEDERAL TAX ID OR SALES TAX # OR DRIVER'S LICENSE #** \_\_\_\_\_

**TYPE OF OCCUPATION:** \_\_\_\_\_

**If your occupation requires a Florida State License or a federal license to operate, please provide the license number(s) and enclose a copy.**

License Number(s): \_\_\_\_\_

**IF MAILING AN APPLICATION, FIRST CALL (941) 954-4186** to verify amount due and determine if other documentation may be required before application can be processed.

*This column is for office use only.*

\_\_\_\_\_  
*Name of Professional (please print)*

\_\_\_\_\_  
*Signature of Professional (if available)*

\_\_\_\_\_  
*Date of Application*

**IMPORTANT: PLEASE NOTE THAT A LOCAL BUSINESS TAX RECEIPT FOR AN OFFICE DOES NOT COVER PROFESSIONALS WORKING IN THAT OFFICE.** Each person engaged in professions or occupations that require a state license, registration or certificate to conduct business (such as a barber, beautician, doctor, lawyer, Certified Public Accountant, nail technician, seller of travel, etc.) must apply for an **Individual Local Business Tax Receipt** to perform work within the City limits.