CITY OF HOLLYWOOD, FLORIDA TREASURY SERVICES DIVISION - LOCAL BUSINESS TAX CERTIFIED PUBLIC ACCOUNTANT PROFESSIONAL APPLICATION

For assistance completing this application, please call Customer Service at (954) 921-3225, email us at businesstax@hollywoodfl.org, or visit our office located at City Hall, 2600 Hollywood Boulevard, Room 103.

1) Applicant's Lega	al Name:		
2) Employer's Lega	al Name:		
3) Employer's Address:		Hollywood, FL	Zip Code:
4) Mailing Address	:: (If different)		
5) Mailing City:		State:	Zip:
6) Phone:	Fax:	E-mail:	
7) Driver's License	#:	State:	
As required per	Florida Statute Chapter 205.0535 (urity Number:	12 (E).
Applicant Attestation and Signature:			
provided, and rece a local business ta conjunction with a application fee is n	ipt of payment for the approp x receipt does not release m ny City, County, State or Fede on-refundable. pursuant to State law, the l	proper review of my application, verificate priate business tax classification. I under the from responsibility for meeting any threat laws applicable to my profession. I also ocal business tax is levied for the privition.	rstand that issuance of other requirements in so understand the \$25 ege of doing business
	or condone the nature of the	ture. I understand that issuance of a loce business being conducted if contrary	
Authorized Signatu	re:	Date:	
Printed Name:		Title:	
TREASURY DIVIS	SION ONLY:		
Application Receiv	ed By:	Date:	
Fees:October	1 through March 31 - \$25 Ap	plication + \$286 Business Tax = \$311 Firs	st Year Total
Fees: April 1 t	hrough September 30 - \$25 A	pplication + \$143 Business Tax = \$168 Fi	rst Partial Year Total