

**CITY OF HOLLYWOOD, FLORIDA**  
**TREASURY SERVICES DIVISION - LOCAL BUSINESS TAX**  
**MEDICAL PROFESSIONAL APPLICATION**

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

- 1) Applicant's Legal Name: \_\_\_\_\_
- 2) Employer's Legal 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: \_\_\_\_\_
- 8) **Required by State Law:** EIN/TIN or Social Security Number: \_\_\_\_\_

As required per Florida Statute Chapter 205.0535 (6) and per City Code of Ordinances Chapter 110.12 (E).

**Please attach a copy of your current State of Florida medical license.**

**APPLICANT ATTESTATION AND SIGNATURE:**

I affirm that the information provided in relation to this application is true and correct. I understand that the City will issue a local business tax receipt after proper review of my application, verification of the information provided, and receipt of payment for the appropriate business tax classification. I understand that issuance of a local business tax receipt does not release me from responsibility for meeting any other requirements in conjunction with any City, County, State or Federal laws applicable to my profession. I also understand the \$25 application fee is non-refundable.

I understand that, pursuant to State law, the local business tax is levied for the privilege of doing business within a City's limits, and is non-regulatory in nature. I understand that issuance of a local business tax receipt does not legalize or condone the nature of the business being conducted if contrary to any local, state or federal laws or regulations.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**TREASURY DIVISION ONLY:**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Fees: \_\_\_\_ October 1 through March 31 - \$25 Application + \$286 Business Tax = \$311 First Year Total

Fees: \_\_\_\_ April 1 through September 30 - \$25 Application + \$143 Business Tax = \$168 First Partial Year Total