

Finance Department/Collection Division  
 Coral Gables City Hall  
 405 Biltmore Way  
 Coral Gables, FL 33134  
 305-460-5296 or 305-460-5298  
 localbusinesstax@coralgables.com

**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: Qualifying food service providers and stores (as defined in Sec. 34-187, City of Coral Gables Code) are prohibited from selling, using, offering for sale or use or providing food/beverages in expanded polystyrene containers. Certain exceptions apply (as provided in Sec. 34-188(b) of the City Code) and waivers may be provided in specific circumstances (pursuant to Sec. 34-190 of the City Code). Violations may result in the imposition of fines.**

**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 \$ \_\_\_\_\_