

The City of Port Richey

6333 Ridge Road
Port Richey, Florida 34668
727-816-1900 Ext: 180
Fax 727-816-1911



LOCAL BUSINESS TAX

The City of Port Richey welcomes your business!

The City of Port Richey Code of Ordinances, ARTICLE II does require a valid annual License for all businesses located within the city limits.

Along with this application, these documents are required:

- County License • FEIN • IRS • Division of Corporations
- State License(s)/Certification(s) • Fictitious Trade Name
- Articles of Incorporation • Health Department Certificate

Once the application and required documents are all received, please allow 7-10 days for processing. After processing, I will get in touch with you to schedule a Fire and Building Inspection. Upon completion of inspections, you will then pay for your Local Business Tax and be issued your Business Tax Receipt. BTR's are good until September 30. Renewal by October 30 will be required.

If you need any further information please contact Veronica Hanson with the Development Department at 727-816-1900 Ext: 180 or v.hanson@cityofportrichey.com

Business Tax Certificate Application

Complete the following information:

Business Type: _____ FEIN #: _____

All restaurants must include a copy of their Health Department Certificates

Size & location of all grease traps: _____

Name of Service Co. _____ & Phone #: _____

Business Name: _____

Business location: _____ Phone #: _____

Email address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Business is: Sole Proprietorship Partnership Corporation Franchise

Year Business Opened: _____

Business Owner: _____ Phone #: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Property is: Owned Rented or Leased Number of bldg./units: _____ Total Sq. Ft. _____

(If rented or leased) Property owners name: _____

Property owner's address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Person: _____ Phone #: _____

Complete the checked areas:

Number of coin-operated vending machines: _____ Base Fee: _____

number of signs: _____ Vending Fee: _____

Total Sq. Ft. _____

Number of Employees: _____ Sign Fee _____

Number of Vehicles: _____ Penalty: _____

Number of units: _____ Total: _____

Number of seats/chairs: _____

Other: _____

Signature of applicant _____

Date _____

Business Emergency Contact Information Form

Please provide the following information about your business in order to update our records for emergency situations. complete this form and return with your application.

Business Name: _____ Business Type: _____
Business Hours: _____ Business Phone Number: _____
Business Address: _____

Contact Information:

Please provide business owner and manager information below as well as any key holder information. We request name and date of birth to confirm the identity of the persons associated with your business in the event of an emergency.

Business Owner: _____ Business Manager: _____
Home Phone No. _____ Home Phone No. _____
Cell Phone No. _____ Cell Phone No. _____
Date of Birth: _____ Date of Birth: _____

Additional Contact 1: _____ Additional Contact 2: _____
Home Phone No. _____ Home Phone No. _____
Cell Phone No. _____ Cell Phone No. _____
Date of Birth: _____ Date of Birth: _____

Alarm Information (If Applicable):

Alarm Company: _____ Phone No. _____
Additional Information: _____

In order for us to know who is authorized to be in or around your business when it is closed, please provide a list of all employees, and those who have keys to the business, to include name and date of birth. Attach a separate sheet for this if needed. At anytime **ANY** information should change, please contact Veronica Hanson 727-816-1900 ext. 180, or v.hanson@cityofportrichey.com to keep this information current.

Our goal is to maintain a quick response to any emergency that may arise, and better protect our business community.
Thank You!