

The City of Port Richey

6333 Ridge Road
Port Richey, Florida 34668
727-816-1900 Option 2
Fax 727-816-1911



Local Business Tax Receipt

The City of Port Richey welcomes your business!

The City of Port Richey Code of Ordinances requires a valid Business License for all businesses within the city limits.

Along with the application, the following documentation is required:

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

Please allow 7-10 business days for processing. You will be notified of a date and time for a Fire and Building Inspection.

If you have any questions or require additional information, please contact our Development Services Department at building.services@cityofportrichey.com or, 727-816-1900, option 2.

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 owner's name: _____

Property owner's address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Person: _____ Phone #: _____

Complete the below areas if applicable:

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

Number of signs: _____ Vending Fee: _____

Total Sq. Ft. _____ Sign Fee _____

Number of Employees: _____ Penalty: _____

Number of Vehicles: _____ Total: _____

Number of units: _____

Number of seats/chairs: _____

Other: _____

Signature of Applicant

Date

Business Emergency Contact Information Form

Please provide the following information about your business to update our records for emergencies. Complete this form and return it with your application.

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

Contact Information:

Please provide the business owner and manager information below and as well as any key holder information. We request your 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: _____

This form allows us to know who is authorized to be in and around your business when it is closed.

Please provide a list of all employees, including those with keys to the business. Be sure to include the employee's name and date of birth, you can attach a separate sheet, if necessary.

If at any time your authorized employee information changes, please contact the City of Port Richey Police Department at: 727-816-1919 to ensure we have the most current data in our system.

You will also need to provide the City of Port Richey Development Services Department with an updated Business Emergency Contact Form. Our goal is to allow for a quick response to any emergency that may arise and better protect our business community.