Finance Department/Collection Division Coral Gables City Hall	City of Coral Gables Local Business Tax Application	Tax Year
405 Biltmore Way Coral Gables, FL 33134	- CRANKA	Customer #
305-460-5296 www.coralgables.com		Activity #_

LORIDA 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

(Tax period expires September 30th)

Attn	City	State	Zip Code	
Date	Print Name	Signed		
SWEAR THE INFORMATION	GIVEN HEREON IS TRUE AND CORRECT	(Owne	er, 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	Inspection Fee	\$	25.00		
New Renewal Transfer of Location / Ownership	Document Filing Fee		1.00		
Other	Recording Fee		7.00		
Folio	Fire Inspection Fee				
Amount Paid	Transfer Fee				
Date	Prior Year Tax				
Check No	Penalty				
Received By	Business Tax				
	Total Due	\$			