



**CITY OF JACKSONVILLE PUBLIC SERVICE TAX
REGISTRATION FORM**

DUVAL COUNTY TAX COLLECTOR

231 E FORSYTH STREET, ROOM 212 JACKSONVILLE, FL 32202-3700

PHONE (904) 255-5700, OPTION 3 FAX: (904) 630-7134

www.duvaltaxcollect.net TouristTax@coj.net

Business Information

Legal Business Name:

Doing Business As (DBA):

Location Address:

Location City/State/Zip:

Location Phone:

Business Mailing Address:

Mailing City/State/Zip:

Business Phone:

Business E-mail Address:

Contact Information

Name and Title:

Address:

City/State/Zip:

Phone:

E-mail Address:

Account Information

Type of Utility

Electric:

Metered Natural Gas:

LP Gas:

Water:

Fuel Oil*:

Business Start Date:

Federal ID Number:

FL Sales Tax Cert Number:

*Include Grade #1 Kerosene, #2 & #3 Fuel Oil

A Power of Attorney form must be properly executed and included with this request if the application is submitted by any individual not noted on the company record held by the Florida Division of Corporations.

By applying to become a dealer, the applicant gives to the City and its authorized agents the right, power and authority to audit, examine and make transcripts of any and all business and/or sales records during business hours. It shall be the duty of the Tax Collector to inspect the records in order to determine that the tax hereby imposed and levied is being properly reported and paid to the City by each seller.

Under Penalty of Perjury, I declare that I have read the foregoing application and that the facts stated in it are true and correct.

Authorized Signature

Printed Name

Title

Date

For Official Use Only Account Entered By:

Account Date Entered:

Account Number Assigned: