



Duval County TaxCollector
231 E. Forsyth Street, Suite 130
Jacksonville, FL 32202-3370

City of Jacksonville Public Service Tax Registration Form

Business Type: Corporation: Partnership: Sole Proprietor:

Legal Business Name: _____

DBA: _____

Location Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Principal Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____ **Title:** _____

Phone Number(s): _____ **Email Address:** _____

Federal ID #: _____ **FL Sales Tax Cert. #:** _____

Type of Utility Business (please check one):

Metered
Electric: Natural Gas: LP Gas: Water: Fuel Oil**:

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

**Name of Each Owner, Partner
or Principal Corporate Officer:**

Title:

Address:

_____	_____	_____
_____	_____	_____
_____	_____	_____

- A Power of Attorney form must be properly executed and included with this request if the application is submitted by anyone other than the owner or corporate officer.
- By applying to become a dealer, the applicant gives the city or its authorized agents the right to inspect his records and to enter and observe his premises and operations for the purpose of determining the accuracy of records and reporting.

Under Penalty of Perjury, I certify to the accuracy of this application:

Signature of Applicant: _____

Printed Name: _____

Title: _____ **Date:** _____