



## BUSINESS TAX RECEIPT APPLICATION 2014-2015

156 S Lake Ave, Groveland, FL 34736 Ph 352-429-2141 ext.238

No business tax receipt shall be issued until applicable city; county and state laws are complied with including, but not limited to, building, zoning, fire control and health. This application must be filled out completely. If not applicable write in N/A. **Most Business Tax receipts cost \$40.00 except for liquor stores.**

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### Application is hereby made for (check one)

New Business Tax Receipt \_\_\_\_\_ (Please see next page for required documents)

Recurring Business Tax Receipt \_\_\_\_\_  
**1) Completed Application &**  
**2) 2014-15 Lake County Business Tax Receipt (Copy)**

### Business Information:

Business Name \_\_\_\_\_

Business Location Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone# \_\_\_\_\_

Mailing Address (*if different than Business location*)  
\_\_\_\_\_

Owners Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Nature of Business Describe in Detail \_\_\_\_\_  
\_\_\_\_\_

Federal Employer I.D. # \_\_\_\_\_ or Social Security # \_\_\_\_\_

Florida Sales Tax # \_\_\_\_\_

The following documents are required for FIRST TIME APPLICANT (if applicable):

- o Application
- o Current County Business Tax Receipt
- o Federal employer identification number or Social Security
- o Proof of Registered Officers/Directors with the State of Florida ([www.sunbiz.org](http://www.sunbiz.org))
- o Proof of Fictitious Name registration this includes DBA ([www.sunbiz.org](http://www.sunbiz.org))
- o Florida Department of Business and Professional Regulation (if regulated by DBPR)
- o Department of Health (Submit Active State Certificate, Registration or License)
- o Florida Department of Agriculture and Consumer Services, Division of Food Safety
- o Certificate of Occupancy (If new business)

If the above named business does not need to comply with the Fictitious Name Act for the following reason:

\_\_\_\_\_ Owner's first and last name included within name of the business

\_\_\_\_\_ Attorney licensed and practice law in State of Florida

Restaurant Seating \_\_\_\_\_ (number of seating if dine in) (if applicable attach a copy of inspection report from Division of Hotel & Restaurants)

Serve Alcohol \_\_\_\_\_ yes \_\_\_\_\_ no (attach a copy of Liquor License)

Beauty/Barber Shops (number of seats) \_\_\_\_\_ (attach a copy of State Operator's License)

Tanning beds \_\_\_\_\_ yes \_\_\_\_\_ no (attach a copy of Health Department)

Contractor, Professionals etc. \_\_\_\_\_ yes \_\_\_\_\_ no (attach a copy of State Certification DBPR)

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If your business is a corporation, or firm please list all members and their titles below:

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If operator or manager of business is different than applicant, please list name, address and telephone number other than your business.

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Note: In no event, under this or any other law, shall any person, veteran or otherwise, be allowed any exemption whatsoever from the payment of any amount required by law for the issuance of a Business Tax Receipt to sell intoxicating liquors or malt and vinous beverages.

Under penalty of perjury, I certify that the foregoing information is, to the best of my knowledge and belief, true and accurate.

I acknowledge that a Receipt issued pursuant to this application does not indicate that the parcel of land upon which I intend to operate is properly zoned for the activity I intend. It is my responsibility to verify compatible zoning with the appropriate zoning authority prior to commencing operations.

X

\_\_\_\_\_  
OWNER, OFFICER OR PARTNER

Title \_\_\_\_\_

Date \_\_\_\_\_

Late Payment Penalty: A license is not valid for more than one year and all licenses expire on September 30<sup>th</sup> of each year, except as otherwise provided by law. Any person who shall operate or continue to operate a business without having either taken out a new Business Tax Receipt or renewed an existing Business Tax receipt by November 1<sup>st</sup> shall be subject to a 10% penalty for the month of October, plus an additional 5% penalty for each subsequent month of delinquency thereafter until paid. However, the total delinquency penalty may not exceed 25% of the Business Tax Receipt for the delinquent establishment.

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**OFFICE USE ONLY**

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TYPE OF ZONING: \_\_\_\_\_

ZONING OFFICIAL: Approved By \_\_\_\_\_

DATE: \_\_\_\_\_