



BTR: _____
FEE: _____

BUSINESS TAX RECEIPTS
201 W Central Ave. Lake Wales, FL 33853

Phone: 863-678-4182 Ext. 714
Fax: 863-678-4050
Email: permitting@lakewalesfl.gov

BUSINESS TAX RECEIPT APPLICATION

New Business Transfer Ownership Change Location Renewal / Information Update

A. General Information

Is the business currently operating at this location? Yes No Start/Opening Date: _____

* Business Name/DBA: _____

* Business Location: _____ Square Footage: _____

* Parcel ID #: _____ Name of shopping center (if applicable): _____

Business Phone #: _____ Cell Phone #: _____

B. Business Owner & Contact Information

* Business Owner: _____

* Mailing Address: _____

Contact Person (if different than owner): _____

Contact Phone #: _____ Email: _____

C. Business Information

* Business Entity: Sole Proprietor Corporation Partnership Other _____

* NAIC Code: _____

* Federal Tax ID #: _____

* Fictitious Name #: (copy required) _____ *County BTR #: (copy required) _____

State License #: (copy required) _____ Expiration Date: _____

Is this a Home Occupation? yes no

(Applicant received home occupation regulations Sec.23-348 _____)

D. Property Owner Information

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____ Property Owner Email: _____

NAME OF BUSINESS: _____(REQUIRED)

E. Business Activity

* Business Type: Retail Service Professional Restaurant Other _____

* Describe the nature of business: _____

* If *Retail Business*, provide average annual inventory: _____

No. of employees: _____ No. of real estate agents: _____

No. of rooms (*hotels / apartments*): _____ No. of salon/barber chairs: _____

No. of amusement/vending machines: _____ No. gas/fuel pumps: _____

F. Food/Alcohol Establishments (*i.e. restaurants, cafés, bars*)

State Restaurant No.: _____

State Alcohol Beverage License No.: _____ Expiration Date: _____

Total No. of Interior Seats: _____ Total No. of Outdoor Seats: _____

G. Transfer Ownership / Change Location Address

Provide *new owner* information in Section B.

Current City BTR #: _____

Previous Business Name: _____

Previous Location: _____

Previous Owner: _____

H. Acknowledgement

I hereby certify that the information contained herein is true and correct. I acknowledge and understand that a local Business Tax Receipt issued pursuant to this application is for the privilege of doing business in the City of Lake Wales and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation for which this application is being made. I acknowledge that this business is governed by the City of Lake Wales Code and I am responsible for becoming familiar with the code and abiding by its requirements. I further understand that if building, electrical, mechanical or plumbing alterations are planned or required, I or my contractor will obtain the proper permits as required by Florida law. I also affirm that I, the business owner/principle of record indicated hereon, is in compliance or will comply with all federal, state and legal requirements.

The issuance of this Business Tax Receipt is contingent upon complying with the building and fire prevention requirements of the City. Inspections will be performed and should deficiencies be found that are in conflict with the City code, the City will not issue the Business Tax Receipt, nor will business operations be permitted, until required corrections are completed.

Applicant's Signature

Date

Property Owner Signature

Property Owner - Print

OR PROVIDE COPY OF LEASE

NAME OF BUSINESS: _____(REQUIRED)

I. Planning/Zoning Review (REQUIRED) – 863-678-4182 Ext. 714

Location: 201 W Central Ave. Lake Wales, FL 33853

Hours of Operation: Monday through Friday 8:00 a.m. to 5:00 p.m.

Zoning District: _____ Permitted Not Permitted Special Use Conditional Use

FLU: _____ CRA: _____ *Downtown*

Site Plan Requirement: ____ required ____ not required

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

J. Fire Review –Call 863-647-4203 to set up inspection and approval (REQUIRED)

Fire Printed Name: _____

Fire Signature: _____ Date: _____

Fire Comments: _____

K. Building Approval – Call 863-678-4182 ext. 714 (REQUIRED)

Building Printed Name: _____

Building Signature: _____ Date: _____

Building Comments: _____

HOME OCCUPATIONS DO NOT REQUIRE ANY INSPECTIONS