



City of Fruitland Park
 506 W Berckman St.
 Fruitland Park, FL 34731
 (352) 360-6727ph / (352) 360-6686 fax
 www.fruitlandpark.org

[City Ordinance 112.01 and FS 205.05
 No business tax receipt shall be issued applicable county and state laws a complied with including, but not limit building, zoning, county competen certification, fire control and health

Application Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

****Please complete application on reverse side****

- COMPLETE APPLICATION (first box on reverse side)
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable) www.sunbiz.org
- OBTAIN ZONING APPROVAL (contact Building & Zoning Dept. for details)
- COPIES OF STATE OR COUNTY CERTIFICATIONS / LICENSE (if applicable)
 - Department of Business and Professional Regulation (850-487-1395).
 - Child Care Facilities must be registered with Lake County Health Department (866-762-2237).
 - State of Florida Dept of Health (850-488-0595).
 - Building Contractors must hold a valid Lake County license Certificate of Competency (352-343-9653) and hold a valid State of FL Contractors license. Department of Business and Professional Regulation (850-487-1395). Worker's Compensation insurance policy with City of Fruitland Park as the certificate holder or a valid exemption certificate.
 - State of Florida, Department of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health and dance studios, telemarketers and travel agencies must provide permit, registration or exemption.
 - Restaureurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
 - Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

NOTE:

Price quotes are only valid if received and posted in the City of Fruitland Park's computer system within the same month of quote.

City of Fruitland Park Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (City Ordinance....)

Mail completed application to: City of Fruitland Park
 Attn: Business Tax Department
 506 W Berckman St.
 Fruitland Park, FL 34731

**** OR ****

Visit us in person, Monday - Friday 8:00 a.m. to 5:00 p.m.



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[City Ordinance 112.01 and FS 205.0535]

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Application for City of Fruitland Park Local Business Tax Receipt

BUSINESS INFORMATION

(To be completed by applicant):

Instructions & checklist on reverse side

Check Applicable Box:

- New Business
 Transfer of Address
 Transfer Ownership
 Business Name Change
 New Business Tax Receipt
 Other

Current Business Tax Receipt # (if applicable): _____

Corporation / Business Name: _____

(Division of Corporations requires registration of a fictitious name. Copy of registration must accompany application.)

Owners Name: _____

Business Address: _____

Federal Employer ID#: (FEIN) **OR** Social Security #: _____

Cell Number: _____

Date in business at this location: _____

Business Phone Number: _____

Mailing Address (if different above): _____

E-Mail address: _____

Nature of Business: _____

OR

(Doctor, Lawyer, etc.)

Maximum Number of:

Employees: _____

Machines: _____

Seating: _____

I certify that all the information contained herein is true and correct to the best of my knowledge. If any portion is found to be false, such fact may be just cause for immediate revocation of any license or business tax receipt issued to me. It is further understood that I must comply with the codes of the City of Fruitland Park and failure to correct conditions which are in violation are punishable under the code or sufficient cause for revocation of my business tax receipt.

(Signature of Applicant must be notarized)

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by

_____, who is personally known to me or who has produced

_____ as identification.

 Signature of Person Taking Acknowledgement

 Name of Acknowledger-Typed, Printed or Stamped.

SEAL

FOR OFFICE USE ONLY

PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION APPROVAL:

See reverse for details

City Zoning Approval: _____

Title: _____

PZ&B-Place check if approval from department is required **

Regulatory Signature required on line, when approval has been met.**

Health Department

Fire Marshall

Restaurant

Zoning / Building

Rate Code: _____

Fire Insp. _____

CID #: _____

NAICS Code: _____

Fee Amt: _____

Bill #: _____

CK #: _____

Date Paid: _____