



BTR: _____
FEE: _____

201 W Central Ave. Lake Wales, FL 33853

Phone: 863-676-5115
Fax: 863-678-4050
Email: PERMITTING@LakeWalesFL.gov

BUSINESS TAX RECEIPT APPLICATION

I, _____, hereby make an application to the City of Lake Wales for a Business Tax Receipt to operate a business in accordance with the Code of Ordinances of the City of Lake Wales, and any applicable State and Federal Statutes.

- 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: _____ EIN # _____

* 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. Property Owner Information

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____ Property Owner Email: _____

* D. Business Activity

* Business Type: Retail Service Professional Restaurant Other _____

* Describe the nature of business: _____

Regulatory/Professional License Number: _____

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: _____

Additional Practitioner _____

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

Hours of Operation						
S	M	T	W	TH	F	S

E. Food/Alcohol Establishments (i.e. restaurants, cafés, bars, convenience stores)

State Restaurant No.: _____
 State Alcohol Beverage License No.: _____ Expiration Date: _____
 Total No. of Interior tables: _____ Total No. of Outdoor Tables: _____

F. Transfer Ownership / Change Location Address

Provide *new owner* information in Section B.
 Current City BTR #: _____
 Previous Business Name: _____
 Previous Location: _____
 Previous Owner: _____

G. Acknowledgement

It is understood and agreed that this application must be approved and a Business Tax Receipt purchased prior to the opening of the business. It is understood and agreed that any fraudulent statement made on this application gives the City of Lake Wales the right to cancel any business tax receipt issued pursuant hereto. It is understood that approvals of this application and the issuance of a City of Lake Wales Business Tax Receipt are subject to approval of proper zoning, any required permits by the building code, fire code, or for change of use. Also, all applicable requirements of the Code of Ordinances of the City of Lake Wales and, when applicable, subject to approval by State and/or Federal regulatory agencies. This Business Tax Receipt becomes invalid when any information on it ceases to be correct. Change of ownership, business name, or business address, requires that a new transfer license be obtained.

A RENEWAL OF THIS BUSINESS TAX RECEIPT IS REQUIRED BEFORE OCTOBER 1ST OF EVERY YEAR TO AVOID ANY PENALTY CHARGES

 Applicant's Signature

 Date

 Property Owner Signature

 Property Owner - Print

OR PROVIDE COPY OF LEASE WITH SIGNATURES

NAME OF BUSINESS: _____(REQUIRED)

FOR OFFICE USE ONLY:

I. Planning/Zoning Review (REQUIRED) – 863-676-5112 Ext. 713

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* Completion of required site improvements _____

Site Plan Requirement: _____ required _____ not required Impact fees - _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

J. Fire Approval – Call 863-678-4203 to set up inspection and approval(REQUIRED)

Fire Printed Name: _____

Fire Signature: _____ Date: _____

Fire Comments: _____

K. Building Approval – Call 863-676-5112 ext. 715(REQUIRED)

Building Printed Name: _____

Building Signature: _____ Date: _____

Building Comments: _____

K. Utility Approval – Call 863-678-4182 ext. 708 (REQUIRED)

Utility Printed Name: _____

Utility Signature: _____ Date: _____

Utility Comments: _____

HOME OCCUPATIONS DO NOT REQUIRE ANY INSPECTIONS