



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](mailto: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 Printed Name: \_\_\_\_\_

Reviewed 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\***