

CITY OF LAKE WALES "LOCAL BUSINESS TAX" APPLICATION

Individual/Business Name: _____

Business Location Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FEI#: _____ Phone #: _____

Owner's Name: _____

Owner's Home Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

I understand and agree that any fraudulent statement made on this application may subject the applicant to City code enforcement action. I also understand and agree that I will operate the aforementioned business or engage in the aforementioned profession or occupation in accordance with the City of Lake Wales Code of Ordinances and any applicable state or federal laws. I understand that I am also required to pay a Polk County business tax and obtain a Polk County business tax receipt.

Signature of Owner or Authorized Representative _____ date _____

Sec. 19-107 of Ordinance 2006-47 requires that the structure or site designated as the location of the business must receive a Certificate of Use issued by the Planning & Development Director. Payment of business tax will not be accepted prior to issuance of Certificate of Use. A copy of Certificate of Use must be attached to application.

Certificate of Use (CU) issued by Planning & Development Director on: _____ CU copy attached

Please check the following that apply to your Business.

Describe further in section 2 and 7.

- Amusement and Recreation (See section 1)
- Automotive Services (See section 4)
- Barber/Beauty/Nail/Tanning (See section 3)
- Child Care Provider
- Contractor(Specify Type _____)
- Dry Cleaning Business (See section 6)
- Eating and /or Drinking establishments (See section 1)
- Health Care Facility/Services (specify type)
- Insurance and/Bond Company
- Landscaping/Horticultural Services
- Laundromat (See section 6)
- Manufacturing

- Medical Office
- Merchant-Retail & Wholesale
- Miscellaneous
- Mobile Home Park/Trailer Park/ Campsite
- Non-Profit Organization
- Other Professional (Specify in section 7)
- Public Conveyance-Limousine
- Real Estate (See section 5)
- Rental Units (See section 6)
- Taxicabs
- Warehouses/Storage Facility (See section 7)

Please check the appropriate boxes and fill in spaces pertaining to your business

Section 1

- Catering or Delivery
- Drive-in/Thru
- Entertainment
- Dancing
- Jukebox

- Number of Alleys-Bowling Alley
- Number of Machines-coin operated amusement
- Number of machines-food, beverage, or toy vending
- Seating capacity
- Number of vending machines

please complete page 2

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Section 2

_____ Total Square Feet

_____ Number of Employees

Section 3

_____ Number of Styling
chairs(for hair salons & barbers)

_____ Number of Styling
chairs (for nail sculptures)

_____ Number of tanning booths

Section 4

_____ Number of gas hoses

_____ Wrecker Service

_____ Number of vehicle capacity of Parking Lot/storage

_____ Number of car rentals

_____ Car Wash

_____ Number of conveyance-limo

_____ Number of truck rentals

_____ Window Tint

_____ Number of Taxicabs

Section 5

_____ Number of Brokers

_____ Number of Salespersons

_____ Number of Adjusters

_____ Number of insurance persons

Section 6

_____ Number of Rental Units

_____ Number of Dry Cleaning machines

_____ Number of Spaces(mobile home parks)

_____ Dry Cleaning Service/ drop off

_____ Number of washer & dryers machines

_____ Tailor Service

Section 7

State character or type of business, profession or occupation: _____

 Signature of Business Tax Clerk

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CATEGORY: _____ **RECEIPT #** _____ **ID. #** _____

AMT. DUE _____ **ISSUE DATE** _____ **BY:** _____

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