

BUSINESS TAX RECEIPT

201 W. Central Ave., P.O. Box 1320, Lake Wales, FL 33859-1320
Phone: (863) 676-5112 ext. 251 - Fax (863) 678-4050
Email: permitting@lakewalesfl.gov

NEW BUSINESS _____
NAME / OWNER CHANGE _____
CHANGE OF LOCATION _____
ZONING CATEGORY _____

BUSINESS TYPE _____
CHANGE OF USE _____
ADDITIONAL PRACTITIONER _____
REPLACING PRACTITIONER _____
HOME OCCUPATION _____

Applicant received home occupation regulations Sec. 23-348

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.

_____ PARCEL ID NUMBER
_____ BUSINESS NAME
_____ BUSINESS DBA
_____ BUSINESS LOCATION
_____ BUSINESS MAILING ADDRESS
_____ BUSINESS TELEPHONE NUMBER
_____ BUSINESS CONTACT TELEPHONE
_____ BUSINESS E-MAIL ADDRESS

State clearly the type of business that you are applying for at the above address location (include the days and hours the business will operate) _____

Prior Use (if applicable): _____

DAYS OF OPERATION
HOURS BUSINESS IS
OPEN

S		M		T		W		TH		F		S	

REGULATORY OR PROFESSIONAL LICENSE
NUMBER

BUSINESS INVENTORY DOLLAR AMOUNT

TOTAL SQ. FT. OF THE BUSINESS LOCATION

TOTAL NUMBER OF EMPLOYEES

\$ _____

_____ NUMBER OF PARKING SPACES
 _____ NUMBER OF VEHICLES
 _____ NUMBER OF SEATS
 _____ NUMBER OF TABLES

_____ NUMBER OF OPERATING MACHINES
 _____ NUMBER OF ROOMS
 _____ NUMBER OF RESTROOMS

EMERGENCY CONTACT INFORMATION

BUSINESS

OWNER _____
 HOME ADDRESS _____
 HOME TELEPHONE _____
 CELL TELEPHONE _____
 E-MAIL ADDRESS _____

BUILDING

OWNER _____
 HOME ADDRESS _____
 HOME TELEPHONE _____
 CELL TELEPHONE _____
 E-MAIL ADDRESS _____

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

Signature of Applicant

Signature of Property Owner

Printed Name of Applicant

Printed Name of Property Owner

Date Signed

Date Signed

OFFICE USE ONLY: Completion by Planning and Zoning Staff

Zoning District: _____

Future Land Use: _____

Permitted use: Yes No

Type: _____

Special Exception Use Permit: Yes No

If yes date approved: _____

Site Plan: Yes No

If yes date approved: _____

Reviewed by: _____

Date: _____

Comments or Conditions: _____

Completion of required site improvements: Yes No If yes date approved: _____

Impact fees – (additional is required?) _____

Planning and Zoning Approval: _____ **Date:** _____

BUILDING AND FIRE REVIEW

Courtesy Inspection Date: _____

Building Permits Needed? Yes _____ No _____

INSPECTIONS FINAL

Building Official _____ Date: _____

Fire Marshal: _____ Date: _____

Utility Inspector: _____ Date: _____