BTR #_____ _____
Fee ____ _____
IFEA: Y / N

WINTER HAVEN
The Chain of Lakes City

BUSINESS TAX RECEIPTS
490 Third St. NW, Winter Haven, FL 33881

Phone: 863-291-5695
Fax: 863-291-7856
ahughes@mywinterhaven.com

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 / Social Security #: _____

A Federal Employee ID No.(FEIN) or Social Security No. (SSN) is required by FS 205.053(5)

* Fictitious Name #: ***(copy required)*** _____ *County BTR #: ***(copy required)***_____

State License #: ***(copy required)*** _____ Expiration Date: _____

Is this a Home Occupation? ____*yes* ____*no*

D. Property Owner Information

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____ Property Owner Email: _____

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 Winter Haven 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 Winter Haven 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

BTR #_____ _____
Fee ____ _____
IFEA: Y / N

I. Planning/Zoning Review –Call 863-291-5600 for approval and signature (REQUIRED)

Zoning District: _____ ☐ *Permitted* ☐ *Not Permitted* ☐ *Special Use* ☐ *Conditional Use*

FLU: _____ CRA: ____*Downtown* ____*Florence Villa*

Site Plan Requirement: ____required ____not required

Reviewed By: _____ Date: _____

J. Fire Review –Call 863-291-5693 to set up inspection and approval (REQUIRED)

Fire Signature: _____ Date: _____

Fire Comments:_____

_____

K. Building Approval

Building Signature: _____ Date: _____

Building Comments: _____

_____