



For Office Use Only
Amount Paid: _____
Check: _____ Cash: _____

P.O. BOX 1068
TAVARES, FL 32778
TELEPHONE: (352) 742-6414
FAX: (352) 742-6351

APPLICATION FOR BUSINESS TAX RECEIPT

NEW [] CHANGE OF LOCATION [] CHANGE OF OWNER []

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS NAME: _____

BUSINESS MAILING ADDRESS: _____

NAME OF OWNER(S) OR PRINCIPAL SHARE HOLDER(S): _____

OWNERSHIP TYPE: CORPORATION [] PARTNERSHIP [] SOLE PROPRIETORSHIP []
LIMITED LIABILITY COMPANY [] CHARITABLE ORGANIZATION [] OTHER []

IS THE BUSINESS A HOME OCCUPATION? YES OR NO (PLEASE CIRCLE ONE)

PHONE: _____ FAX NUMBER: _____

FEDERAL ID #: _____

STATE LICENSE NUMBER: _____

DATE BUSINESS STARTED: _____ TYPE OF BUSINESS: _____

SQUARE FOOTAGE: _____ NUMBER OF EMPLOYEES: _____

NUMBER OF STATE LICENSED EMPLOYEES: _____ LICENSE NUMBER: _____

LIST SPECIFIC TYPE OF EQUIPMENT USED, AND TYPES OF HAZARDOUS CHEMICALS USED

I UNDERSTAND THAT I AM PAYING FOR BUSINESS TAX RECEIPT ONLY AND THAT I MUST MEET ALL CITY, ZONING, COUNTY AND STATE REQUIREMENTS BEFORE I CAN LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF TAVARES, FLORIDA.

APPLICANT SIGNATURE: _____ DATE: _____

NOTE: In order to expedite this process, please supply the names, addresses and a copy of all state licenses for Professionals. Proof of current registration or exemption from the Department of Agriculture and Consumer Services is required for ballroom dance studios, health studios, vehicle repair shops, sellers of travel and telemarketing businesses. If the receipt applied for is not under an individual's name, proof of incorporation, Fictitious Name or exemption must be submitted. If the receipt applied for is to be issued to an individual, a Social Security Number must be provided.

TO BE COMPLETED BY STAFF

PLANNING AND ZONING DIVISION

ZONING DISTRICT: _____ PERMITTED USE: _____

CHANGE OF USE: _____ SITE PLAN REQUIRED: _____

PREVIOUS USE OF PROPERTY: _____

APPROVED/DENIED BY: _____ DATE: _____

BUILDING DIVISION

CHANGE OF USE: _____ MEETS ADA REQUIREMENTS: _____

APPROVED/DENIED BY: _____ DATE: _____

FIRE DEPARTMENT

FIRE INSPECTION DATE: _____ REINSPECTION DATE (IF REQUIRED): _____

APPROVED/ DENIED BY: _____ DATE: _____

FINANCE DEPARTMENT

APPROVED/DENIED BY: _____ DATE: _____