

**CITY OF LAKE ALFRED, FLORIDA
BUSINESS TAX RECEIPT CHECK LIST**

If you are deciding to open a new business in the City of Lake Alfred, you must follow these procedures to obtain a Business Tax Receipt (formerly known as an occupational license). Any variance from these procedures will delay the processing of your business tax receipt and the opening of your business.

- 1) **Location and Zoning Approval** – You must verify the type of business is permitted in the zoning for the proposed site. The City’s Building & Zoning Department issues a zoning approval letter and it must be submitted to the City Clerk’s office prior to receiving an application.

- 2) **Required documents** – You must have all licenses issued from both State and County agencies before applying for the tax receipt from the City. The City Clerk’s office must receive copies of the following documents:
 - a) **Florida License, Registration and/or Certification** – Almost all businesses are required to be licensed by the State. The City Clerk’s office can advise you whether it is required depending on the type of business.

 - b) **Polk County Business Tax Receipt** – required for all businesses in Polk County. The Polk County Tax Collector’s office telephone number is (863) 534-4700. Website: www.polktaxes.com

 - c) **Florida Sales Tax Certificate(when applicable)** – To obtain a Florida Sales Tax Number or resale number, contact the Florida Department of Revenue. Their Lakeland Office telephone number is (863) 499-2260. Website: www.myflorida.com/dor

 - d) **Business Federal I.D. number** – Federal I.D. Numbers are obtained from the U.S. Internal Revenue Service. The toll-free number for the IRS is (800) 829-3676. Website: www.irs.gov.

 - e) **Business/Fictitious name** - A business that does not include the full first name and last name of the business owner is considered a fictitious name and must be registered with the Florida Secretary of State's Office. The Secretary of State's telephone number in Tallahassee is (850) 487-6058. Website: www.dos.state.fl.us

- 3) **Inspections** – Once your application and ***all required information is received****, it will be submitted for inspection of your place of business. The Inspectors will check for code and safety issues. There is a fee in the amount of \$35.00 that must be paid prior to scheduling the inspections. The City requires a minimum of five (5) business days to coordinate with the Building and Fire Departments to schedule their inspections of your establishment.

**Note: Only final issued documents from the State, County or other agencies will be accepted. No applications or pending submittal documents are acceptable.*

- 4) **Business Tax Fee** – Once your final inspections have been completed, you must then pay the associated business tax within 48 hours. Your estimated fee is \$_____.

- 5) **Utilities** – Utilities can only be turned on once the above steps have been completed. Temporary service is permitted for a 10-day period at a cost of \$50.00. There is a limit of 2 temporary service requests per business.

I, _____, acknowledge and understand the procedures of obtaining a Business Tax Receipt from the City of Lake Alfred.

Witnessed By:

Business Owner’s Signature

Donna Clark, Administrative Clerk

Print Business Owner’s Name



CITY OF LAKE ALFRED

120 E. Pomelo Street, Lake Alfred, FL 33850 Tel: (863) 291-5747 Fax: (863) 298-4440

Official Use Only

Date Received	
Date Processed	
Processor	
BTR Due	
Business No.	

BUSINESS TAX RECEIPT ACCOUNT APPLICATION FORM

Please complete the following sections. (Please Print) Unless otherwise indicated: All sections must be completed; and all information provided on this form is a matter of public record.

1) Name of Applicant (Owner or Principal): Enter the applicant's legal name below
First _____ M. _____ Last _____ Sur _____

2) Business Entity: Check one only
 Sole Proprietor (individual) Corporation General Partnership Limited Partnership Limited Liability Company Other: _____

3) Business Name: Follow Instructions
A. List the name of the business: _____
B. If applicant is using their own legal name in their Business Name, go to Item 4.
C. If applicant is not using their legal name in the Business Name, please check one of the following:
 List the fictitious name number of the business as provided by the Florida Department of State: _____
 Will not engage in business until fictitious name registration number is received from Florida Department of State.
 Explain reason applicant does not need to comply with fictitious name registration act: _____

4) Business Location: Enter physical location of business.
Address _____ City _____ State _____ Zip _____

5) Mailing Address: Enter mailing address if different from physical location in Item 4
Address _____ City _____ State _____ Zip _____

6) Telephone #1 () _____ Telephone #2 () _____

7) Social Security Number/Federal Tax ID Number:
Note: Sole Proprietors enter Social Security Numbers. Others Business Entities enter Federal Tax ID Number. Social Security Numbers and Federal Tax ID Numbers are not subject to public record requests.

8) Type of Business: _____ **Fee:** _____

9) Home Office Use: Please fill out the attached form if you are going to have a home base business. This is for any type of business to where you receive telephone calls, supplies, materials, etc. at your residence.

10) Affidavit: Carefully review and sign the following affidavit.
(1) I, the undersigned, swear this application (including addendum and all other attachments) is true and correct. (2) I acknowledge and understand that this business tax receipt is issued pursuant to this application 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. (3) I specifically acknowledge that a tax receipt issued pursuant to this application does not indicate that the parcel of land upon which the business intends to operate is properly zoned for the activities in question and that it is the responsibility of the business to verify same with the appropriate zoning authority prior to commencing its activities or operations. (4) 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.

Signature of Applicant: _____ **Date:** _____

Issued Certificate of Occupancy:

Date: _____
_____ Building Official Signature

Date: _____
_____ Fire Inspector Signature