

LOCAL BUSINESS TAX RECEIPT APPLICATION
CITY OF LAKE MARY

100 N. COUNTRY CLUB ROAD, P.O. BOX 958445, LAKE MARY, FL 32795-8445
407-585-1415 407-585-1498 - FAX

FILING THIS APPLICATION FOR A CITY RECEIPT DOES NOT ALLOW APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS UNTIL THE CITY CLERK ISSUES A BUSINESS TAX RECEIPT TO THE APPLICANT. ANY PERSON, FIRM OR CORPORATION WHO SHALL ENGAGE IN ANY OCCUPATION, BUSINESS OR PROFESSION WITHOUT A BUSINESS TAX RECEIPT SHALL BE PUNISHED IN ACCORDANCE WITH CITY CODE.

PLEASE TYPE OR PRINT CLEARLY: TODAY'S DATE: _____

1. Check the following which applies: ___ New Business in Lake Mary **Transfer:** ___ Name ___ Address ___ Ownership

Transferred from _____

2. Name of Business (DBA): _____

3. Street Address of Business: _____ Date opened in Lake Mary _____

4. Mail Renewal Notice to: _____

5. Federal ID No.: _____ Type of Ownership: ___ Private ___ Corp.

6. Business Phone No. _____ Emergency Phone No.: _____

7. Business Owner/Corporation's Registered Agent:

Name: _____ Phone No.: _____

Address: _____ City _____ State _____ Zip _____

Social Sec. #: _____ Owner's D/O/B _____ Owner's DL #: _____

***Social Security # only required if the federal employer identification number is not supplied. (Per Florida Statute 205.0535(5)).**

8. Applicant's Information: (if different from #7):

Name: _____ Title _____ Phone No.: _____

Address: _____ City _____ State _____ Zip _____

Social Sec. #: _____ Appl's D/O/B _____ Appl's DL #: _____

***Social Security # only required if the federal employer identification number is not supplied. (Per Florida Statute 205.0535(5)).**

9. Type of Business: Office Commercial Retail Commercial Wholesale Manufacturing/Warehouse/Storage

Describe business activity (required) _____

10. Additional Information: # of Employees at location (including applicant): _____ Seating Capacity (Restaurants) _____

of Vending/Amusement Machines: _____ Total Square Footage (Merchants) _____ # of students (schools) _____

Hazardous Materials (Specify type and amount on hand): _____

Temporary Receipt Duration (Specify Dates): _____

Reason for Fictitious Name Exemption: ___ Licensed Professional ___ First & Last Name Used ___ Incorporated ___ Attorney

I ACKNOWLEDGE THAT THE ISSUANCE OF THE LOCAL BUSINESS TAX RECEIPT IMPLIES ONLY THAT THE ZONING OF THE LOCATION IN WHICH I INTEND TO OPERATE MY BUSINESS, AS REFERENCED ON THE BUSINESS TAX RECEIPT, IS APPROPRIATE FOR THAT TYPE OF BUSINESS AND IS CONTINGENT UPON BUILDING AND FIRE PREVENTION REQUIREMENTS OF THE CITY OF LAKE MARY.

I CERTIFY THAT THE FOREGOING INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. I ACKNOWLEDGE THAT A BUSINESS TAX RECEIPT ISSUED PURSUANT TO THIS APPLICATION DOES NOT WAIVE REQUIREMENTS OF ANY CITY, COUNTY, STATE OR FEDERAL ORDINANCE, STATUTE OR REGULATION THAT I MUST MEET PRIOR TO ENTERING INTO THE BUSINESS, PROFESSION OR OCCUPATION FOR WHICH THE BUSINESS TAX RECEIPT IS SOUGHT. I HAVE OR WILL COMPLY WITH ALL SUCH REQUIREMENTS.

DATE APPLICANT'S SIGNATURE

***** FOR CITY USE ONLY *****

DATE ROUTING BEGAN: _____ FEE \$ _____ DATE PAID _____ ZONING DISTRICT _____

COMMUNITY DEVELOPMENT: APPROVED _____ DENIED _____ DATE: _____

BUILDING/LIFE SAFETY: APPROVED _____ DENIED _____ DATE: _____

CONDITIONS OF APPROVAL _____

RECEIPT # _____

EXHIBIT "A"

**NOTICE OF PURPOSE OF REQUEST
FOR SOCIAL SECURITY NUMBER**

You are being provided this written policy for one or more of the purposes checked below, per Section 119.071(5), Florida Statutes.

- THE CITY OF LAKE MARY COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES:
- CLASSIFICATION OF ACCOUNTS;
- VERIFICATION OF IDENTIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE;
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY;
- LOCAL BUSINESS TAX RECEIPTS WHEN A FEDERAL IDENTIFICATION NUMBER IS NOT PROVIDED, PER STATE STATUTES; AND
- WAGE AND TAX REPORTING, BENEFITS ADMINISTRATION, AND WORKERS' COMPENSATION PURPOSES; BACKGROUND VERIFICATION AND/OR INVESTIGATION, EDUCATIONAL GRANT APPLICATIONS, AND ANY OTHER REASON REQUIRED OR APPROVED BY STATE AND/OR FEDERAL LAW.

Attachment to Resolution 809 adopted 1/17/08