

**LOCAL BUSINESS TAX RECEIPT APPLICATION
HOME OCCUPATION
CITY OF LAKE MARY**

100 N. COUNTRY CLUB ROAD, P.O. BOX 958445, LAKE MARY, FL 32795-8445
(main entrance into City Hall is located on Lakeview Avenue)
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 LOCAL BUSINESS TAX RECEIPT TO THE APPLICANT. ANY PERSON, FIRM OR CORPORATION WHO SHALL ENGAGE IN ANY OCCUPATION, BUSINESS OR PROFESSION WITHOUT A LOCAL BUSINESS TAX RECEIPT SHALL BE PUNISHED IN ACCORDANCE WITH CITY CODE.

EFFECTIVE 10/1/94 – As a prerequisite to receiving a Business Tax Receipt, the applicant must present either:

1. A copy of the applicant's current fictitious name registration issued by the State, or
2. A written statement, signed by the applicant, which sets forth the reason that the applicant need not comply with the Fictitious Name Act.

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

PLEASE TYPE OR PRINT CLEARLY:

TODAY'S DATE: _____

1. Name of Business (DBA): _____
2. Street Address of Business: _____
3. Mail Renewal Notice to: _____
4. Federal ID No.: _____ or Social Security No.: _____
5. Business Phone No. _____ Emergency Phone No.: _____
6. Business Owner/Corporation's Registered Agent:
Name: _____ Phone No.: _____
Address: _____ City _____ State _____ Zip _____
7. Applicant's Information:
Name: _____ Title _____ Phone No.: _____
Home Address: _____
Social Sec. #: _____ D/O/B _____ DL #: _____
***Social Security # only required if the federal employer identification number is not supplied. (Per Florida Statute 205.0535(5)).**
8. Nature of Business: (explain in detail) _____

9. Additional Information: # of Employees (including applicant): _____ **(No non-resident employees permitted)**
10. Total floor area of home: _____ Total floor area of office: _____

I HAVE READ AND UNDERSTAND THE CITY OF LAKE MARY'S REGULATIONS CONCERNING HOME OCCUPATIONS AND I AM AWARE THAT MY HOME BUSINESS TAX RECEIPT MAY BE REVOKED IF I AM IN VIOLATION OF THE REGULATIONS PERTAINING TO HOME OCCUPATIONS.

I CERTIFY THAT THE FOREGOING INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. I ACKNOWLEDGE THAT A 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 RECEIPT IS SOUGHT. I HAVE OR WILL COMPLY WITH ALL SUCH REQUIREMENTS.

DATE APPLICANT'S SIGNATURE

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

DATE ROUTING BEGAN: _____ FEE \$100.00 DATE PAID _____

COMMUNITY DEVELOPMENT: 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