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
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 #** _____