

IMPORTANT PHONE NUMBERS
TO BE CALLED
BEFORE CITY BUSINESS TAX RECEIPT
CAN BE ISSUED

FIRST

Please give the City Business Tax Receipt Inspector your business address so that we may check to see if you are inside City limits and require a City license from us.

Please complete the following in this order:

- 1. Department of Professional Regulation** (They have experts who are knowledgeable in state requirements for all types of business)
Tallahassee, Florida (850) 487-2252
www.Myfloridalicense.com
Go to home page left side DBPR
To find the business you want to research
- 2. Fictitious Name Filing** (We must have a copy)
Polk County Indexing Dept. Recording Dept. **NOTE: Articles of Incorporation will also be accepted.**
(850) 245-6058 or (850) 245- 6051
www.sunbiz.org
- 3. Department of Revenue (Sales Tax Number)** (We must have a copy)
230 S. Florida Avenue #401
Lakeland, Florida (863) 499-2260
- 4. Polk County Business Tax Receipt** (We must have a copy)
430 E. Main Street
Bartow, Florida (863) 534-4700
- 5. City of Winter Haven – Business Tax Receipt**
209 Avenue F NW
Winter Haven, Florida 33881
(863) 298-7656

*** If you have questions please feel free to call us.

*** All of the above items must be completed before coming to the City of Winter Haven for a business tax receipt.

*** If they do not pertain to your business put NA.

City of Winter Haven
Business Tax Receipt Application
209 Avenue F NW
Winter Haven, Florida 33881
Phone: (863) 298-7656 Fax: (863) 298-4495

Class ID #: _____	Class Fee Amount: _____	Account#: _____
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Business Name: _____

Description of Business: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Parcel ID No. (**Required**) _____

(18 –digit property tax account number) If you do not know the parcel ID number, please visit www.polkpa.org; call **863-534-4777** or ask the owner of the property.

- Optional: Corporations please provide a list of officers stating position and address by separate attachment.

- The issuance of this business tax receipt is contingent upon complying with the building and fire prevention requirements of the City. Inspections will be performed and should deficiencies be found that are in conflict with the City code, the City will not issue the business tax receipt, nor will business operations be permitted, until required corrections are completed.

- Zoning, permits and signs must be approved by the Planning Department.

- Flags, banners, pennants and/or inflatables of any kind are prohibited.

- Certification: I certify that all the information contained herein is true and correct to the fact that it may be just cause for immediate revocation of any receipt issued. It is further understood that I must comply with the code of the City of Winter Haven and failure to correct conditions, which are in violation, is punishable under the code or sufficient cause for revocation of the business tax receipt. I understand that if I engage in a business under a fictitious name I must comply with the Fictitious Name Registration, Florida Statutes, and Chapter 865.09.

Signature of Applicant: _____ Date: _____

*Required

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Driver's License Number with copy attached: _____

Date of Birth: _____

*Social Security Number or Federal Tax ID: _____
Per Florida Statute, Chapter 205.0535(5)

New Business Lost License or Change of Address (\$3.00 fee)

Transfer of Ownership (\$3.00 transfer charge; must provide proof of sale)

Is the business currently in operation? Yes No Opening Date: _____

Has the building been vacant for more than 6 months? Yes No

Type of ownership: Sole Proprietorship Partnership Corporation
(If Corporation, copy of Articles of Incorporation & Officers must be attached.)

DBPR State License # and copy attached: _____

Expiration Date: _____

Fictitious Name Registration # and copy attached: _____

New business beginning between **April 1** and **July 15** will only pay one-half the fee for a current year's license.

If you close your business please notify our office immediately so you will not be charged for renewal the following year.

FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

CERTIFICATE OF LAND DEVELOPMENT CODE COMPLIANCE

Pursuant to the provisions of the Winter Haven Code of Ordinances, Chapter 21, Land Development Code, the Planning and Community Development Division certifies that the following described business, profession or occupation, namely _____, located at _____, has a Zoning Classification of: _____, is is not a permitted use in that district.

ZONING LIMITATIONS:

- 1. Refer to Code of Ordinance Section 21-81 & 21-211 for the full range of regulations governing home occupations.
- 2. Refer to Code of Ordinance Section 21-241 through 21-249 for sign standards and permit regulations.
- 3. Other _____

Planning/Zoning Department:

Approved: _____

Denied: _____

Date: _____

Building Department:

Approved: _____

Denied: _____

Date: _____

Fire Marshall/Fire Department:

Approved: _____

Denied: _____

Date: _____

Comments: _____

Fees listed are for retail business with inventory on hand and customer traffic. If you run a retail business, please list below your average monthly inventory to determine license fee amount:

If you are a new business, please estimate, or if you are unsure, consult your last year's tax return.

1.	Up to \$6,250.00	\$31.25
2.	\$6,251.00 to \$12,500.00	\$62.50
3.	\$12,501.00 to \$25,000.00	\$93.75
4.	\$25,001.00 to \$ 37,500.00	\$125.00
5.	\$37,501.00 to \$62,500.00	\$187.50
6.	\$62,501.00 to \$100,000.00	\$375.00
7.	\$100,101.00 to \$187,500.00	\$500.00
8.	187,501.00 and up	\$625.00