

IMPORTANT PHONE NUMBERS
TO BE CALLED
BEFORE CITY LICENSE
CAN BE ISSUED

FIRST

Please give the City Occupational License 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
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.
(850) 488-9000
- 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 Occupational License** (We must have a copy)
430 E. Main Street
Bartow, Florida (863) 534-4700
- 5. City of Winter Haven – Occupational License Division**
451 Third Street NW
Winter Haven, Florida 33881
(863) 291-5600

*** 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 license.

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

City of Winter Haven
Occupational License Application
451 Third Street NW
Winter Haven, Florida 33881
Phone: (863) 291-5891 Fax: (863) 297-3090

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

Description of Business: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

Parcel ID No. (required) _____

(18 –digit property tax account number) If you do not know the parcel ID number, please visit www.polkpa.org 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 occupational license 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 occupational license, 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 may be just cause for immediate revocation of any license 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 occupational license. 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: _____

(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: _____

Business begun between April 1 and September 30 will only pay one-half the fee for a current year's license.

*If you close 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. Building Official
- 4. Other _____

Comments: _____

Approved: _____

Date: _____

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