

BUSINESS TAX RECEIPT CHECKLIST

IMPORTANT DEPARTMENTS TO BE CALLED BEFORE A CITY OF WINTER HAVEN BUSINESS TAX RECEIPT CAN BE ISSUED

1. **Department of Professional Regulation or Division of Hotels and Restaurants** **(We must have a copy)**
Tallahassee, Florida (850) 487-1395
www.myfloridalicense.com

2. **Fictitious Name Filing** **(We must have a copy)**
NOTE: Articles of Incorporation will also be accepted
(850) 245-6058 or (850) 245- 6051
www.sunbiz.org

3. **Polk County Business Tax Receipt** **(We must have a copy)**
430 E. Main Street
Bartow, Florida (863) 534-4700
www.polktaxes.com

4. **Florida Department of Agriculture** **(We must have a copy)**
Plaza level 10, The Capitol
400 S Monroe St.
Tallahassee, FL 32399-0800
(850) 245-5620
www.freshfromflorida.com

Once the above documents are acquired, please contact the Planning Division for a zoning review and contact the Fire Department for an inspection. See Page 3 of the BTR Application for contact information for obtaining these reviews.

- *** If you have questions, please feel free to call the Building Division at **863-291-5695**.
- *** **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 N/A.

NOTE: THE ABOVE REFERENCED PLANNING AND FIRE SIGNATURES MUST BE OBTAINED PRIOR TO RETURNING THE APPLICATION TO THE BUILDING DEPARTMENT.

BTR: _____
FEE: _____
IFEA: Y / N



BUSINESS TAX RECEIPTS
490 Third Street, NW, Winter Haven, FL 33881

Phone: 863-291-5695
Fax: 863-298-7856
pjohnson@mywinterhaven.com

BUSINESS TAX RECEIPT APPLICATION

New Business Transfer Ownership Change Location Renewal / Information Update

A. General Information

Is the business currently operating at this location? Yes No Start/Opening Date: _____

* Business Name/DBA: _____

* Business Location: _____ Square Footage: _____

* Parcel ID #: _____ Name of shopping center (if applicable): _____

Business Phone #: _____ Cell Phone #: _____

B. Business Owner & Contact Information

* Business Owner: _____

* Mailing Address: _____

Contact Person (if different than owner): _____

Contact Phone #: _____ Email: _____

C. Business Information

* Business Entity: Sole Proprietor Corporation Partnership Other _____

* NAIC Code: _____

* Federal Tax ID / Social Security #: _____
A Federal Employee ID No. (FEIN) or Social Security No. (SSN) is required by FS 205.053(5)

* Fictitious Name #: (copy required) _____ *County BTR #: (copy required) _____

State License #: (copy required) _____ Expiration Date: _____

Is this a Home Occupation? yes no

D. Property Owner Information

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____ Property Owner Email: _____

NAME OF BUSINESS: _____ (REQUIRED)

E. Business Activity

* Business Type: Retail Service Professional Restaurant Other _____

* Describe the nature of business: _____

* If *Retail Business*, provide average annual inventory: _____

No. of employees: _____

No. of real estate agents: _____

No. of rooms (*hotels / apartments*): _____

No. of salon/barber chairs: _____

No. of amusement/vending machines: _____

No. gas/fuel pumps: _____

F. Food/Alcohol Establishments (*i.e. restaurants, cafés, bars*)

State Restaurant No.: _____

State Alcohol Beverage License No.: _____ Expiration Date: _____

Total No. of Interior Seats: _____

Total No. of Outdoor Seats: _____

G. Transfer Ownership / Change Location Address

Provide *new owner* information in Section B.

Current City BTR #: _____

Previous Business Name: _____

Previous Location: _____

Previous Owner: _____

H. Acknowledgement

I hereby certify that the information contained herein is true and correct. I acknowledge and understand that a local Business Tax Receipt issued pursuant to this application is for the privilege of doing business in the City of Winter Haven and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation for which this application is being made. I acknowledge that this business is governed by the City of Winter Haven Code and I am responsible for becoming familiar with the code and abiding by its requirements. I further understand that if building, electrical, mechanical or plumbing alterations are planned or required, I or my contractor will obtain the proper permits as required by Florida law. I also affirm that I, the business owner/principle of record indicated hereon, is in compliance or will comply with all federal, state and legal requirements.

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.

Applicant's Signature

Date

NAME OF BUSINESS: _____ (REQUIRED)

I. Planning/Zoning Review (REQUIRED)

Location: 451 Third Street, NW Winter Haven, FL 33881

Hours of Operation: Monday through Friday 8:00 a.m. to 5:00 p.m.

Please visit the Planning Division office or email the completed application to planning@mywinterhaven.com for review. For questions, call 863-291-5600.

Zoning District: _____ Permitted Not Permitted Special Use Conditional Use

FLU: _____ CRA: Downtown Florence Villa N/A

Site Plan Requirement: ___ required ___ not required

Reviewed Printed Name: _____

Reviewed By: _____ Date: _____

J. Fire Review –Call 863-291-5693 to set up inspection and approval (REQUIRED)

Fire Printed Name: _____

Fire Signature: _____ Date: _____

Fire Comments: _____

(IF THIS IS A HOME BASE BUSINESS PLEASE DO NOT CONTACT FIRE)

K. Building Approval

Building Printed Name: _____

Building Signature: _____ Date: _____

Building Comments: _____
