City of Fruitland Park
506 W. Berckman St.
Fruitland Park, FL 34731
Tel. 352-360-6727
www.fruitlandpark.org

BUSINESS TAX APPLICATION

PLEASE CHOOSE ONE:

☐ **NEW** ☐ **CHANGE OF LOCATION** ☐ **CHANGE OF OWNER**

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS NAME: _____

BUSINESS MAILING ADDRESS: _____

NAME OF OWNER(S) OR PRINCIPAL SHARE HOLDER(S): _____

EMAIL ADDRESS OF MAIN CONTANCT PERSON: _____

PHONE NUMBER: _____ BUSINESS PHONE NUMBER: _____

DESCRIPTION OF SUBJECT PROPERTY

IS YOUR PLACE OF BUSINESS: ☐ OWNED ☐ LEASED ☐ CONTRACT TO PURCHASE ☐ OTHER _____

******IF RENTAL OR LEASE: APPLICANT MUST PROVIDE NOTARIZED AUTHORIZATION FROM PROPERTY OWNER.**

NUMBER OF EMPLOYESS:_____ SQUARE FOOTAGE OF BUSINESS: _____

DATE BUSINESS STARTED AT THE ADDRESS: _____ TYPE OF BUSINES: _____

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE: _____

SHOPPING CENTER NAME, IF APPLICABLE: _____

IF RESTAURANT: NUMBER OF SEATS _____

NUMBER OF PARKING SPACES FOR YOUR BUSINESS (REQUIRED): _____

ARE THERE ANY PROPOSED RENOVATION/ADDITIONS TO THE EXISTING STRUCTURES: ☐ YES ☐ NO

IF YES, EXPLAIN: _____

DO YOU PLAN TO PLACE A SIGN ON THE PROPERTY OR IS THERE AN EXISTING SIGN WHICH YOU PLAN TO MODIFY: ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE: _____

_____

_____

_____

ADDITIONAL REQUIREMENTS:

ATTACH COPIES OF ANY STATE OR COUNTY LICENSE HELD AND PROOF OF FICTITIOUS NAME OR CORPORATION REGISTRATION FROM SUNBIZ.ORG

ELIGIBLE FOR EXEMPTION ☐ YES ☐ NO REASON_____
STATE CERTIFICATION #_____ EXPIRATION_____
STATE REGISTRATION # _____ EXPIRATION_____
STATE EXEMPTION CERTIFICATE #_____
HEALTH DEPARTMENT CERTIFICATE # _____
FEDERAL EIN NUMBER OR SSN (Required): _____

OATH

Under penalty of perjury, I certify that all the information contained herein to the best of my knowledge is true, accurate, and correct. If any portion is found to be false, such fact may be just cause for immediate revocation by the city manager of any license or business tax receipt issued. It is further understood that I must comply with the codes of the City of Fruitland Park and failure to correct conditions which are in violation are punishable under the code or sufficient cause for revocation of my business tax receipt.

Prior to conducting any business or installing any sign, I hereby agree to verify with the City of Fruitland Park's Community Development Department that the parcel upon which my business is located is properly zoned for my intended business activity and that inspections, conducted by the city's certified fire inspector, will be carried out. Failure to comply may result in Code Enforcement action including fines and penalties as prescribed by law.

I have received, read and understood the City of Fruitland Park's Business Tax Application Requirement Guide and Checklist for local business tax receipts.

SIGNATURE OF OWNER/APPLICANT:_____

DATE SIGNED:_____ **TITLE:**_____

State of Florida
County of Lake
The foregoing instrument was acknowledged before me this day _____ of, _____, 20____
by_____ who is personally known to me or has produced as identification
_____ and who did or did not take an oath.

_____
Notary Public Signature **(Seal)**

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LANDLORD-TENANT BUSINESS OPERATING AGREEMENT

I,_____, hereinafter referred to as Tenant, will be applying for a local Business Tax Receipt to operate a business at the address listed below:

BUSINESS NAME:_____

ADDRESS:_____, Fruitland Park, Florida.

I, _____, agree to abide by the following conditions in order to operate a home-based business at the above reference location:

1. Pick-up and delivery as well as vehicular and pedestrian traffic should not exceed normal traffic to and from other residences in the neighborhood.
2. Any and all signage shall comply with the City's sign regulations.
3. Only residents of the property shall be employed, except that up to a total of two employees or independent contractors who do not reside at the residential dwelling may work at the business.
4. The use shall not change the residential character of the structure or the neighborhood.
5. Heavy equipment may not be parked or stored at the residence which is visible from the street or neighboring property. Heavy equipment means commercial, industrial, or agricultural vehicles, equipment, or machinery.
6. Vehicles and trailers used in connection with the business must be parked in legal parking spaces that are not located within the right-of-way, on or over a sidewalk, or on any unimproved surfaces at the residence.
7. No adverse noise, light, or dirt impacts will be allowed
8. Home-based business will be subject to State and Local Sales Tax

_____ Landlord/Property Owner's Signature

_____ Tenant/Business Owner's Signature

_____ Landlord/Property Owner's Name

_____ Tenant/Business Owner's Name

State of Florida
County of: Lake

This instrument was acknowledged before me this ____day of _____, _____,
by_____.

☐ Personally Known
☐ Produced Identification

_____
(Signature of Notary)