

CITY OF FRUITLAND PARK, BUSINESS TAX RECEIPT APPLICATION

(Business information to be completed by the applicant.)

Check Option	BTR	Oct 1 to Sep 30 annually	After Apr 1 to Sep 30 (half annual license tax)	Amount
	BTR Application (see BTR License fee schedule*)			
	BTR Exemption			
	Ownership Transfer			\$3.00
	BTR Closure/Relocation			
	Other Delinquent/Overage/ Penalties			
	Property Value/Capital Stock Eval			
	Annual fire inspection			

Business Name: _____
(As it is to appear on the receipt)

Mailing Business Address: _____
(if different from physical location)

(city, state and Zip code)

Physical Business Address: _____

(city, state and Zip code)

Business Telephone: _____

Business Type: _____

Owner(s) or Business Name(s): _____

Owner(s) Telephone(s) _____ Email: _____

Federal Employer Identification Social Security, or Individual Tax Identification Number
(check applicable option)

Is this a home-based business**? Yes No (check whichever applies)

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.

Name of person (owner/officer/designee) making statement _____

Title _____

Signature _____

Date _____

State of Florida, County of Lake

Sworn to (or affirmed) and subscribed before me this _____ day of _____, by

Personally known

or Produced Identification (Type of ID)

Notary Public – State of Florida Signature

Print, Type or Stamp Commissioned Name of Notary Public

FOR ZONING OFFICE'S USE ONLY

Please note that zoning approval is required and must be completed prior to BTR application approval.

City Zoning Approval _____

Title: _____

Fire Inspection and Date: _____ Fee: _____

All signage, if applicable, must comply with Chapter 163 of the City of Fruitland Park's Land Development Regulations and applicable code of ordinances.

FOR EXECUTIVE OFFICE'S USE ONLY

Rate Code: _____

Fee Amount: _____

Bill/Account Number: _____

Customer Identification: _____

Date Entered: _____

Date Paid: _____

Date Issued: _____