



Local Business Tax Application
150 N. Lakeshore Drive Ocoee Florida 34761
 Commercial Based Business

Required documents, please attach a copy of the following if applicable:

- Articles of INC/LLC and/or fictitious name certificate. www.sunbiz.org
- Professional License: Florida Dept. of Health. doh.state.fl.us
- State License: Dept. of Business and Professional Regulation. myfloridalicense.com
- Department of Agriculture and Consumer Affairs License. freshfromflorida.com

Required documents for food establishments, convenient stores, restaurants:

- Orange County Health Department Report. myfloridalicense.com
- Eating Establishment State License: Division of Hotels & Restaurants. myfloridalicense.com
- State Alcohol Beverage License/State Tobacco License. myfloridalicense.com
- Department of Agriculture and Consumer Affairs License/Report. freshfromflorida.com

Please begin filling out the application on page No. 2.

*** For Office Use Only ***		
Business Name:		
Site Address:		
Receipt No.:	Parcel Id:	
Code:	Fee Due \$	Date Paid:
Inspection Date:		
Inspection Approvals		
Building Department <input type="checkbox"/> Backflow Utilities Department <input type="checkbox"/> Fire Department <input type="checkbox"/> Public Works <input type="checkbox"/>		
Zoning Code:	Approved Signature:	Date:
Receipt Issued By:		
Special Conditions:		

To be completed by applicant:

150 N. Lakeshore Drive Ocoee Florida 34761

Local Business Tax Receipt Application Commercial Based Business

You must complete the following for your specific business, if there are items or sections that do not pertain to your business please, mark N/A.

Receipt No. _____

Beauty/Nail/Tanning Salons, Spas, and/or Barber Shops:

No. of Stylist Chairs: _____ No. of Nail Chairs: _____ No. of Electrolysis Chairs: _____

No. of Tanning Beds: _____ No. of Massage Therapists: _____ Inventory Amount \$ _____

Food Establishments, Convenient Stores/Gas Stations, & Theaters:

No. of Seats: _____ No. of Bar/Lounge: _____ No. of Delivery Drivers: _____

No. of Drive through Windows: _____ Inventory Amount (Retail) \$ _____

No. of Pumping Stations: _____ No. of Car Wash Stations: _____

Laundries & Dry Cleaners: No. of Coin Operated Machines: _____

Lodging Establishments/Nursing Homes: No. of Rooms or Rental Spaces: _____

Merchants & Wholesale Retailers: Inventory Amount \$ _____

Real Estate Rentals: living units, office/storage spaces: No. of Rental Units: _____

Warehouse Storage: Total Square Footage _____SQ

You must submit a copy of any current State Licenses applicable to your business.

I, _____, own, rent, lease the property listed above. I certify that all information supplied to the City of Ocoee on this form is true and correct. I acknowledge the City of Ocoee's right to revoke my receipt and take any other legal means necessary in accordance with chapter 119 of the code of ordinances of the City of Ocoee.

Signature

Date

City of Ocoee
150 N. Lakeshore Drive Ocoee Florida 34761
Commercial Based Business

Local Business Tax Application

Social Security #: _____

Florida Statutes

205.0535 Reclassification and rate structure revisions.

(5) No license shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed.

119.0721 Social Security Number Exemption.

(8) An agency shall not collect an individual's social security number unless authorized by law to do so or unless the collection of the social security number is otherwise imperative for the performance of that agency's duties and responsibilities as prescribed by law. Social security numbers collected by an agency must be relevant to the purpose for which collected and shall not be collected until and unless the need for social security numbers has been clearly documented. Any agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request. An agency collecting a person's social security number shall, upon that person's request, at the time of or prior to the actual collection of the social security number by that agency, provide that person with a statement of the purpose or purposes for which the social security number is being collected and used. Social security numbers collected by an agency shall not be used by that agency for any purpose other than the purpose stated. Social security numbers collected by an agency prior to May 13, 2002, is found to be unwarranted; the agency shall immediately discontinue the collection of social security numbers for that purpose.



