



**LOCAL BUSINESS TAX UPDATE FORM**  
 Development Services – Building Division  
 150 N. Lakeshore Drive | Ocoee, FL 34761  
 Phone: 407.905.3104 | inspections@ocoee.org  
[www.ocoee.org](http://www.ocoee.org)



Receipt Number /LBT Number:

Received Date – Office Use Only

All respondents must complete the information below, if certain information does not apply to your business type, please mark that line item with "N/A". Please return this form in the envelope provided.

**Business Name:**

**New Name:** (if applicable)  Include Documentation

**Site Address:**

<b>No. of Payroll Employees:</b>	<b>No. of Business Vehicles:</b>
<b>E-mail:</b>	<b>Business Phone No.:</b>

**Merchandise Inventory Value (Retail, Wholesale, Merchants) \$**

**Please indicate the number of items applicable to your business type:**

- |   |   |
|---|---|
| <p>_____ ATM Machines</p> <p>_____ Electrolysis Chairs</p> <p>_____ Massage Therapist</p> <p>_____ Nail Chairs</p> <p>_____ Stylist Chairs</p> <p>_____ Tanning Beds</p> <p>_____ Seats (Restaurants, Theaters)</p> <p>_____ Bars/Lounge</p> <p>_____ SQ. Total Warehouse Storage</p> | <p>_____ Amusement/Arcade Machines</p> <p>_____ Delivery Drivers</p> <p>_____ Drive thru Windows</p> <p>_____ Pumping Stations _____ No. of Nozzles</p> <p>_____ Carwash Stations</p> <p>_____ Coin Operated Machines (Laundry/Vending)</p> <p>_____ Rooms or Rental Spaces (Lodging/Nursing Homes)</p> <p>_____ Real Estate Rentals (Living/Office Units-Spaces)</p> <p>_____ Storage Facility Rental Units-Spaces</p> |
|---|---|

**State Licenses:** Must provide copies of current State Licenses for activities regulated by any state agency. Including and not limited to: Restaurants, Healthcare, Food Establishments, Food Retailers, Beauty Salons, Childcare, and Auto Repair etc. Failure to submit copies of applicable State Licenses will result in a delay of the renewal of your Local Business Tax for Fiscal Year 2019/20.

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.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Business Closure Only**

To avoid a delinquent penalty, you must notify the City of Ocoee if you are no longer operating a business within the City limits. Business owner must sign and date below indicating the business closure.

Business Owner Signature: X \_\_\_\_\_ Date: \_\_\_\_\_