



LOCAL BUSINESS TAX UPDATE FORM

Development Services – Building Division
1 North Bluford Ave | Ocoee, FL 34761
Ph: 407.905.3104 | inspections@ocoe.org
<https://permits.ocoe.org>

Received Date – Official 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.

Local Business Tax ID: _____

Business Name: _____

New Name: (if applicable) _____ Include Documentation

Site Address: _____

Mailing Address: _____

of Payroll Employees: _____ **# of Business Vehicles:** _____

Email: (required) _____ **Business Phone #:** _____

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

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

- | | |
|---------------------------------------------------|--------------------------------------------------------|
| _____ ATM Machines | _____ Amusement/Arcade Machines |
| _____ Massage Therapist | _____ Delivery Drivers |
| _____ Nail Chairs | _____ Drive Thru Windows |
| _____ Stylist Chairs | _____ Gas Pumping Stations |
| _____ Tanning Beds | _____ Laundry Coin Operated Machines |
| _____ Seats (Restaurants/Theaters) | _____ Coin Operated Vending Machines |
| _____ Bars/Lounge | _____ Rooms (Lodging/Nursing Homes/ALF's) |
| _____ SQ FT Total Warehouse Storage | _____ Real Estate Rentals (Living/Office Units/Spaces) |
| _____ Average Annual Merchandise Inventory Amount | _____ Storage Facility Rental Unit Spaces |

STATE LICENSES: Must provide copies of CURRENT State Licenses for businesses regulated by any state agency. Including but not limited to: **Restaurants, Healthcare Providers and Establishments, 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 2023/2024.

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: _____

Printed Name: _____ Title: _____

***** To avoid a delinquent penalty, please notify the City of Ocoee if you are no longer operating a business within the City limits. An email can be sent to BTR@ocoe.org or contact the office at 407.905.3104. Your Sunbiz information must also be updated. *****