



Local Business Tax Application Commercial Based Business

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

- Copy of the fully executed lease agreement or a copy of the most recent Certificate of Completion/Certificate of Occupancy
- Articles of INC/LLC and/or fictitious name certificate
www.sunbiz.org or call (850) 245-6059
- 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, convenience 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: _____

Parcel ID# _____

Receipt No: _____

Fee Due: \$ _____

Date Paid: _____

****Approvals****

Zoning Code: _____

Approved Signature: _____

Date: _____

Special Conditions: _____

Inspection Req Date/Time: _____

CO/CC Date: _____

Please return the approved/disapproved documents to: _____

Permit Technician

Date Submitted



Local Business Tax Application Commercial Based Business

Business Name: _____

Owner's Name: _____

Site Address: _____

Mailing Address (If different): _____

Business Ph: _____ Cell Ph: _____ Email: _____

Federal Employer ID No.: _____ FL Drivers Lic. No.: _____

Form of Business: Individual Partnership Corporation LLC ID No.: _____

Fictitious Name Registration Date: _____ Certification Attached []

Nature of Business (Please Be Descriptive): _____

Any use of Combustible Materials? Yes No If yes, attach description & location of storage. _____

No. of Employees (Including Owner): _____ No. of Business Vehicles: _____

No. of Vending Machines: _____ No. of ATMs: _____ No. of Amusement/Arcade Machines: _____

Square Footage of Building: _____ Total No. of Paved Parking Spaces: _____

I, _____, own, rent/lease, the property listed above, for the purpose of operating the above listed business. I certify that all information supplied to the City of Ocoee on my application for Local Business Tax is true and correct. I acknowledge the City of Ocoee's right to revoke my tax receipt and take any other legal means necessary in accordance with Chapter 119 of the Code of Ordinances of the City of Ocoee.

Applicant Signature

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification and who did not take an oath.

Signature of Notary Public

(Seal)



Local Business Tax 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.

Business Name: _____

Business Address: _____

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

No. of Stylist Chairs: _____ No. of Electrolysis Chairs: _____ No. of Tanning Beds: _____

No. of Nail Chairs: _____ No. of Massage Therapists: _____ Inventory Amount: _____

Food Establishments, Convenience Stores/Gas Stations & Theaters:

No. of Seats: _____ No. of Drive-thru Windows: _____ No. of Delivery Drivers: _____

No. of Bar/Lounge: _____ No. of Pumping Stations: _____ No. of Car Wash Stations: _____

Dog Friendly Restaurant: Yes No Date of Permit Approval: _____

Inventory Amount (Retail): _____

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

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

You must submit a copy of any current State licenses that are applicable to your business.

I, _____, own, rent/lease, the property listed above, for the purpose of operating the above listed business. I certify that all information supplied to the City of Ocoee on my application for Local Business Tax is true and correct. I acknowledge the City of Ocoee's right to revoke my tax receipt and take any other legal means necessary in accordance with Chapter 119 of the Code of Ordinances of the City of Ocoee.

Applicant Signature

Date



Local Business Tax Application Commercial Based Business

FEI/EIN #: _____

City of Ocoee Notice Regarding Collection, Use and Disclosure of Social Security Number

Florida Statutes:

205.0535 Reclassification and rate structure revisions.

(6) A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

119.071 General exemptions from inspection or copying of public records.

(5) OTHER PERSONAL INFORMATION.

- c. The Legislature intends to monitor the use of social security numbers held by agencies in order to maintain a balanced public policy.
- 2.a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is:
 - (I) Specifically authorized by law to do so; or
 - (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law.
- b. An agency shall identify in writing the specific federal or state law governing the collection, use, or release of social security numbers for each purpose for which the agency collects the social security number, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of social security numbers complies with the specific applicable federal or state law.
- c. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.
3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2. The written statement also shall state whether collection of the individual's social security number is authorized or mandatory under federal or state law.
4. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2., the agency shall immediately discontinue the collection of social security numbers for that purpose.



Local Business Tax Application Commercial Based Business

Emergency After Hours Contact Information Local Business Tax Receipt – Building Division Police Department and Fire Department

Business Name: _____ Business Phone No.: _____

DBA Name: _____

Business Address: _____

If known, previous business Name: _____

Shopping Center/Complex Name: _____

Business Operation Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Emergency Contacts

Primary Contact:

First Name Last Name Phone No.

Alternate Contacts:

First Name Last Name Phone No.

First Name Last Name Phone No.

First Name Last Name Phone No.

Office Use Only					
Parcel ID:	-	-	-	-	-