



## LAND USE REVIEW APPLICATION

### **PROCESS:**

THE CITY IS OFFERING A LAND USE VERIFICATION PROCESS FOR ALL NON-RESIDENTIAL AND COMMERCIAL USES. EFFECTIVE JANUARY 4, 2010 ALL NEW BUSINESSES AND RE-USE OF EXISTING PROPERTIES NEED TO COMPLETE AND SUBMIT THE ATTACHED LAND USE REVIEW FORM PRIOR TO SUBMITTING THE LOCAL BUSINESS TAX APPLICATION TO THE BUILDING DEPARTMENT. THE LAND USE REVIEW MUST BE APPROVED BY THE PLANNING AND ZONING DEPARTMENT PRIOR TO THE ISSUANCE OF THE LOCAL BUSINESS TAX.

THERE IS NO CHARGE TO THE CUSTOMER FOR PROCESSING THE LAND USE REVIEW FORM. THE FORM IS ATTACHED AND CAN BE FAXED ONCE COMPLETED TO 407.654.1258, ATTENTION: PLANNING & ZONING, MAILED TO THE CITY OR HAND DELIVERED TO OUR OFFICES AT 300 WEST PLANT STREET, WINTER GARDEN, FLORIDA 34787.

THE PLANNING AND ZONING DEPARTMENT WILL VERIFY THAT THE PROPOSED BUSINESS CONFORMS TO THE APPLICABLE ZONING DESIGNATION, COMPREHENSIVE PLAN, AND LAND DEVELOPMENT CODE. IMPROVEMENTS TO THE SITE AND/OR BUILDING MAY BE NECESSARY PRIOR TO OCCUPYING THE BUILDING. CERTAIN USES MAY REQUIRE A SPECIAL EXCEPTION PERMIT FROM THE PLANNING AND ZONING BOARD. A SEPARATE APPLICATION, FEE, AND PROCESS IS REQUIRED FOR THE SPECIAL EXCEPTION PERMIT. THE PLANNING AND ZONING DEPARTMENT WILL ALSO DETERMINE IF ANY ADDITIONAL IMPACT FEES OR CITY FEES WILL BE DUE PRIOR TO OR AT THE TIME OF ISSUANCE OF THE LOCAL BUSINESS TAX.

THE PROPERTY MAY BE A PART OF AN OVERLAY DISTRICT. DOWNTOWN AND WEST COLONIAL DRIVE HAVE RESTRICTIONS THAT MAY PROHIBIT THE USES. A CHANGE OF USE MAY TRIGGER CONFORMANCE TO ALL ASPECTS OF THE CITY CODE INCLUDING BUT, NOT LIMITED TO, LANDSCAPING, SIGNAGE, BUILDING AESTHETICS, AND UTILITY CONNECTION.

THE BUILDING DEPARTMENT AND FIRE DEPARTMENT WILL REVIEW THE BUILDING FOR ANY CHANGE IN OCCUPANCY. OTHER POSSIBLE REQUIRED BUILDING MODIFICATIONS WILL BE EVALUATED WITH THE LAND USE REVIEW. ALL REQUIRED CHANGES MUST BE COMPLETED TO THE SITE AND/OR BUILDING PRIOR TO OCCUPANCY.

LAND USE REVIEW APPROVAL IS BASED ON INFORMATION PROVIDED BY THE APPLICANT. ANY DIFFERENCES BETWEEN THE INFORMATION PROVIDED BY THE APPLICANT AND THE ACTUAL USE OF THE PROPERTY MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF THE TAX RECEIPT ISSUED FOR THE BUSINESS. IN ADDITION, THE CITY MAY IMPOSE CERTAIN RESTRICTIONS OR CONDITIONS ON THE BUSINESS AS ALLOWED BY LAW. ANY VIOLATION OF THESE RESTRICTIONS OR CONDITIONS MAY ALSO BE JUST CAUSE FOR IMMEDIATE REVOCATION OF THE TAX RECEIPT.

QUESTIONS OR INQUIRES MAY BE DIRECTED TO ANY CITY PLANNER IN THE PLANNING DEPARTMENT: 407.656.4111 EXT 2312 OR 2292.

### **THE FOLLOWING USES ARE EXEMPT FROM OBTAINING A LAND USE REVIEW:**

- SINGLE FAMILY AND MULTI-FAMILY RESIDENCES
- CHANGE OF OWNERSHIP OF EXISTING BUSINESSES
- NAME CHANGE (SAME ADDRESS)
- BUSINESS TAX RENEWALS
- COMMERCIAL/INDUSTRIAL APPROVED SITE PLANS WITH BUSINESS NAME (IE; WALGREEN'S DRUGSTORE)
- GOVERNMENT USE BUILDINGS (AS LONG AS LAND USE AND ZONING ALLOWS USE)



# LAND USE REVIEW APPLICATION

THIS REVIEW IS USED IN CONJUNCTION WITH THE LOCAL BUSINESS TAX APPLICATION PRIOR TO RECEIVING YOUR LOCAL BUSINESS TAX, THIS FORM MUST BE COMPLETED BY THE APPLICANT AND APPROVED BY THE PLANNING AND ZONING DEPARTMENT. PLEASE PROVIDE THE COMPLETED FORM WITH YOUR LOCAL BUSINESS TAX APPLICATION. *(AN INCOMPLETE FORM WILL CAUSE A DELAY IN PROCESSING.)*

## APPLICANT / BUSINESS INFORMATION:

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PROPOSED LOCATION / PROPERTY OWNER INFORMATION:

PROPOSED ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## BUSINESS OPERATION INFORMATION:

SQUARE FOOTAGE OF OCCUPIED SPACE (UNIT): \_\_\_\_\_

HOW MANY PARKING SPACES ARE PROVIDED ON SITE? \_\_\_\_\_

HOW MANY CUSTOMERS DO YOU ANTICIPATE VISITING YOUR LOCATION EACH DAY? \_\_\_\_\_

WILL YOU BE SELLING/DISPLAYING/STORING ANY GOODS OR MERCHANDISE OUTSIDE?  Yes  No

WILL YOU BE ALLOWING DOG-FRIENDLY DINING ON THE PROPERTY?  Yes  No

WILL THERE BE ANY INTERIOR OR EXTERIOR ALTERATION OF THE PROPERTY OR TENANT SPACE?  Yes  No

WILL ALCOHOLIC BEVERAGES BE SOLD OR ALLOWS CONSUMPTION ON THE PREMISES AS PART OF THE BUSINESS?  Yes  No

HOW MANY EMPLOYEES WILL YOU HAVE (INCL. YOU)? \_\_\_\_\_ WHERE WILL THEY PARK THEIR VEHICLE? \_\_\_\_\_

IS YOUR BUSINESS A RESTAURANT?  Yes  No IF YES, PROVIDE NUMBER OF SEATS? \_\_\_\_\_

DO YOU USE A TRUCK/TRAILER FOR YOUR BUSINESS?  Yes  No IF YES, WHERE DO YOU STORE IT? \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS DESCRIPTION (IN DETAIL EXPLAIN BUSINESS OPERATION): \_\_\_\_\_

## SIGNATURE OF APPLICANT:

I, \_\_\_\_\_, OWN, RENT/LEASE (CIRCLE ONE), THE PROPERTY LISTED ABOVE AND WILL BE USING THIS LOCATION IN THE OPERATION OF THE ABOVE LISTED BUSINESS. I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY TAX RECEIPT ISSUED TO ME.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ BY \_\_\_\_\_,  
WHO DID NOT TAKE AN OATH.

Notary Seal

PERSONALLY KNOWN OR;  
 PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY



# LAND USE REVIEW APPLICATION

IF YOUR BUSINESS CAN BE DESCRIBED AS ANY OF THE CATEGORIES BELOW, PLEASE ANSWER THE QUESTIONS AND PROVIDE ALL NECESSARY DOCUMENTS.

## RESTAURANT, CAFE, DELI, SNACK BAR

**A FLOOR PLAN SHOWING SEATING, BAR AREAS, AND RESTROOMS IS REQUIRED. HAVE YOU INCLUDED A FLOOR PLAN?**  Yes  No

1. HOW DO YOU CLASSIFY YOUR RESTAURANT (SELECT ALL THAT APPLY):  
 RESTAURANT    CAFÉ    BAKERY    BAR    FAST-FOOD    DRINKS ONLY (I.E., COFFEE, TEA, BOBA, ETC.)
2. HOW MANY SEATS (INCLUDING BAR STOOLS) WILL YOU PROVIDE? \_\_\_\_\_
3. HOW MANY RESTROOMS ARE PROVIDED? \_\_\_\_\_
4. HOW MANY CUSTOMERS DO YOU EXPECT TO VISIT EACH DAY? \_\_\_\_\_
5. WILL YOU BE ALLOWING DOG-FRIENDLY DINING ON THE PROPERTY?  YES  NO
6. WILL YOU HAVE OUTDOOR SEATING?  YES  NO
7. WILL YOU BE SELLING/DISPLAYING ANY MERCHANDISE OUTSIDE?  YES  NO
8. WILL YOU BE INSTALLING TVs, SPEAKERS, ETC. OUTSIDE?  YES  NO
9. WILL YOU BE SERVING BEER AND/OR WINE?  YES  NO
10. WILL YOU BE SERVING LIQUOR?  YES  NO
11. DO YOU HAVE A TRUCK/TRAILER THAT YOU USE FOR THE RESTAURANT?  YES  NO    IF YES, WHERE WILL YOU PARK IT? \_\_\_\_\_
12. AT WHAT TIMES WILL THE RESTAURANT BE OPEN?  
 SUN: \_\_\_\_\_ MON: \_\_\_\_\_ TUES: \_\_\_\_\_ WED: \_\_\_\_\_ THURS: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_

## CHURCH

**A FLOOR PLAN SHOWING SEATING ARRANGEMENT AND RESTROOMS IS REQUIRED. HAVE YOU INCLUDED A FLOOR PLAN?**  Yes  No

1. HOW MANY SEATS WILL YOU PROVIDE? \_\_\_\_\_
2. WHAT IS THE RANGE OF THE NUMBER OF ATTENDEES AT A SERVICE? \_\_\_\_\_
3. HOW MANY RESTROOMS ARE PROVIDED? \_\_\_\_\_
4. DO YOU PLAN ON HOLDING CLASSES, YOUTH GROUPS, ETC.?  YES  NO
5. IS THERE A KITCHEN OR KITCHENETTE ON SITE?  YES  NO
6. IS THIS LOCATION ALSO USED FOR OTHER USES OR BUSINESSES?  YES  NO  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_
7. HOW MANY SERVICES WILL YOU HAVE EACH WEEK? \_\_\_\_\_
8. AT WHAT TIMES WILL THE CHURCH BE OPEN/ACTIVE?  
 SUN: \_\_\_\_\_ MON: \_\_\_\_\_ TUES: \_\_\_\_\_ WED: \_\_\_\_\_ THURS: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_

## AUTOMOBILE-RELATED BUSINESS

1. WHAT TYPE OF WORK WILL YOU SPECIALIZE IN (REPAIR, DETAIL, ELECTRICAL, ETC.)? PLEASE BE AS SPECIFIC AS POSSIBLE. \_\_\_\_\_
2. WHERE WILL YOU STORE YOUR TOOLS AND MATERIALS? \_\_\_\_\_
3. PLEASE CHECK ANY OF THE FOLLOWING SERVICES THAT YOU OFFER (SELECT ALL THAT APPLY):  
 PAINT VEHICLES    WASH VEHICLES    DETAIL INSIDE    TINT WINDOWS    INSTALL NEW EQUIPMENT    REPAIR BROKEN EQUIPMENT
5. DO YOU USE A TRUCK/TRAILER FOR YOUR BUSINESS?  YES  NO    IF YES, WHERE WILL YOU PARK IT? \_\_\_\_\_
6. AT WHAT TIMES WILL YOUR BUSINESS BE OPEN?  
 SUN: \_\_\_\_\_ MON: \_\_\_\_\_ TUES: \_\_\_\_\_ WED: \_\_\_\_\_ THURS: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_



# COMMERCIAL LOCAL BUSINESS TAX APPLICATION

## BUSINESS TAX REQUIREMENTS

**PLEASE NOTE THAT ALL BUSINESSES OPERATING WITHIN THE CITY OF WINTER GARDEN MUST OBTAIN A BUSINESS TAX RECEIPT BEFORE OPENING. IF YOU OPEN BEFORE YOUR RECEIPT IS ISSUED, YOU WILL BE CHARGED A PENALTY OF 25% OF THE TAX AMOUNT.**

**1. COMMERCIAL LOCATIONS \*ONLY\* (AN APPROVED LAND USE REVIEW MUST BE SUBMITTED WITH A BUSINESS TAX APPLICATION)**

AFTER PAYMENT OF THE BUSINESS TAX, THE COMMERCIAL BUSINESS LOCATION MUST BE INSPECTED BY THE FIRE DEPARTMENT TO MEET ALL APPLICABLE STATE AND CITY CODE REQUIREMENTS. YOU WILL BE CONTACTED TO ARRANGE FOR YOUR INSPECTION.

**2. BUSINESS TAX YEAR**

IS FROM OCTOBER 1<sup>ST</sup> THROUGH SEPTEMBER 30<sup>TH</sup>. TAX FEES ARE PRORATED AFTER APRIL 1<sup>ST</sup> FOR A HALF-YEAR FEE.

**3. BUSINESSES, WHICH REQUIRE A STATE LICENSE OR HEALTH DEPARTMENT APPROVAL**

PLEASE PROVIDE COPIES OF APPROVALS PRIOR TO THE ISSUANCE OF A TAX RECEIPT.

**4. FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBERS**

FLORIDA STATUTE 205.0535 (5) STATES "A RECEIPT MAY NOT BE ISSUED UNLESS THE FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) OR SOCIAL SECURITY NUMBER IS OBTAINED FROM THE PERSON TO BE TAXED."

**5. AN ORANGE COUNTY BUSINESS TAX**

Will have to be paid **AFTER YOU HAVE BEEN ISSUED THE CITY OF WINTER GARDEN BUSINESS TAX RECEIPT**. Business Tax Office is located at 201 S. Rosalind Avenue, 2<sup>nd</sup> Floor, Orlando, Florida (407) 836-5650.

**PLEASE BRING ALL OF THE FOLLOWING ITEMS THAT APPLY WHEN SUBMITTING YOUR APPLICATION.**

- \_\_\_\_\_ LAND USE REVIEW
- \_\_\_\_\_ COPY OF OWNER'S DRIVERS LICENSE OR IDENTIFICATION
- \_\_\_\_\_ COMMERCIAL – COPY OF LEASE (ADDRESS PAGE & SIGNATURE PAGE ONLY)
- \_\_\_\_\_ COPY OF ARTICLES OF INCORPORATION
- \_\_\_\_\_ COPY OF FICTITIOUS NAME FILING WITH DEPARTMENT OF STATE (NEEDED ONLY IF USING NAME OTHER THAN OWNER'S LEGAL NAME)
- \_\_\_\_\_ COPY OF STATE LICENSES (IF APPLICABLE)
- \_\_\_\_\_ DETAILED LETTER EXPLAINING BUSINESS OPERATIONS



## COMMERCIAL LOCAL BUSINESS TAX APPLICATION

BUSINESS NAME: \_\_\_\_\_

D/B/A NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FACSIMILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS  
(IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FEIN: \_\_\_\_\_ OR SSN: \_\_\_\_\_

**PER FLORIDA STATUTE 205.0535 (5);**

*THE SOCIAL SECURITY NUMBER (SSN) IS REQUIRED ONLY IF THE FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) HAS NOT BEEN PROVIDED ON THE APPLICATION.*

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER:  
(IF RENTING) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I, \_\_\_\_\_, OWN, RENT/LEASE (CIRCLE ONE), THE PROPERTY LISTED ABOVE AND WILL BE USING THIS LOCATION IN THE OPERATION OF THE ABOVE LISTED BUSINESS. I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY TAX RECEIPT ISSUED TO ME. IF IS FURTHER UNDERSTOOD THAT THIS RECEIPT IS FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS PROFESSION OR OCCUPATION SHOWN AND ONLY AT THE LOCATION SHOWN HEREIN AND THAT I WILL COMPLY WITH THE CODE OF THE CITY OF WINTER GARDEN. FAILURE TO CORRECT CONDITIONS ON THE PREMISES THAT ARE IN VIOLATION OF THE CITY CODE OR TO NOTIFY THE BUSINESS TAX OFFICE OF ANY CHANGES WILL RESULT IN REVOCATION OF SAID RECEIPT. I UNDERSTAND THAT OPENING WITHOUT APPROVAL AND HAVING NOT PAID MY BUSINESS TAX WILL RESULT IN AN ADDITIONAL 25% PENALTY AS REQUIRED IN CODE SECTION 66.93(b).

\_\_\_\_\_  
APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ BY \_\_\_\_\_, WHO DID NOT TAKE AN OATH.

- PERSONALLY KNOWN OR;
- PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
SIGNATURE OF NOTARY

FOR OFFICE USE ONLY

TECHNICIAN INITIALS

DATE RECEIVED

DATA CLERK INITIALS

DATE SCANNED

**APPLICATION**

FEES PAID

LAND USE REVIEW #

DATE

**APPROVAL**

YES

NO

BUILDING DEPARTMENT