Print Form

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
300 WEST PLANT STREET
WINTER GARDEN, FLORIDA 34787

P: 407.656.4111
F: 407.656-0839
WWW. WINTERGARDEN-FL.GOV

RESIDENTIAL 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. **BUSINESS TAX YEAR**

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

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

   WILL HAVE TO PROVIDE COPIES OF THOSE APPROVALS PRIOR TO THE ISSUANCE OF A TAX RECEIPT.

3. **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."

4. **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, 2nd Floor, Orlando, Florida (407) 836-5650.

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

_____ RENTERS – "PROPERTY OWNER AUTHORIZATION OF USE" FORM

_____ "RESIDENTIAL AFFIDAVIT" FORM

_____ COPY OF BUSINESS OWNER'S DRIVERS LICENSE

_____ 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)

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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.

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELLULAR: _____ EMAIL: _____

PROPERTY OWNER:
(IF RENTING) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FACSIMILE: _____ EMAIL: _____

IF RENTING: *THE OWNER OF THE PROPERTY MUST PROVIDE AUTHORIZATION FOR THE BUSINESS USE ON THE PROPERTY. A "PROPERTY OWNER AUTHORIZATION FOR USE" FORM MUST BE SUBMITTED WITH THE APPLICATION.*

TYPE OF BUSINESS: _____

BUSINESS DESCRIPTION: _____

_____

_____

_____

_____

_____

DO YOU USE A TRAILER FOR YOUR BUSINESS? ☐ Yes ☐ No If Yes, Where Do You Store It? _____

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		**APPLICATION**	
DATA CLERK INITIALS		DATE SCANNED			❒ FEES PAID
PROCESSED BY			DATE	**APPROVAL**	
				❒ YES	❒ NO