

# **City of Winter Garden Local Business Tax Application**

110 Henderson Street - Winter Garden, FL 34787 (407) 656-4111 ext. 2291

**Please attach all of the following items that apply when submitting your application**

- \_\_\_ Copy of Owner's Drivers License or Identification
- \_\_\_ Copy of Lease (Address page & signature page only) and Property Owner Permission
- \_\_\_ Articles of Incorporation and/or Fictitious name filing with Dept of State  
(Needed only if using name other than owner's legal name (first and last name))
- \_\_\_ State licenses (if applicable)
- \_\_\_ Detailed letter explaining business operations

## **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 1 through September 30. Tax fees are prorated after April 1 for a half-year fee.
2. After you pay your business tax, you **must** be inspected and by the Fire Department to meet all applicable state and city code requirements. You will be contacted to make arrangements for your inspection.
3. Businesses, which require a State License or Health Dept. approval, will have to provide copies of those approvals prior to the issuance of a tax receipt.
4. Federal ID **or** Social Security Numbers must be provided as well as some form of valid identification of the owner(s) (such as Driver's License).
5. An Orange County Business Tax will have to be paid **AFTER YOU HAVE BEEN ISSUED THE WINTER GARDEN BUSINESS TAX RECEIPT**. They are located at 201 S Rosalind Ave, 2<sup>nd</sup> FL, Orlando (407) 836-5650.

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Application Date: \_\_\_\_\_ Classification: \_\_\_\_\_ Fee: \_\_\_\_\_

**Check all that apply:** Transfer of:  Location  Ownership Transferred from: \_\_\_\_\_  
 New Commercial  New Home Occupation  Update  Add Classification  Change Classification

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Owner Home Address: \_\_\_\_\_

Owner Home Phone: ( ) \_\_\_\_\_ Federal Tax ID OR SSN \_\_\_\_\_

State clearly the type of business you are applying for: \_\_\_\_\_

How many employees will you have? \_\_\_\_\_ If applies, where will they park their vehicles? \_\_\_\_\_  
How many customers do you anticipate visiting your location each day? \_\_\_\_\_

Will you be selling/displaying/storing any goods or merchandise outside? \_\_\_\_\_  
If yes, where? \_\_\_\_\_

How many vehicles will be on site during the day? \_\_\_\_\_

Do you use a trailer for your business? \_\_\_\_\_ If yes, where do you store it? \_\_\_\_\_

## **CERTIFICATION:**

I certify that the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any tax receipt issued to me. It 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 hereon 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 change **WILL** result in revocation of said receipt. It is further understood that it may take one week for the City of Winter Garden to process this application. I understand that my business is not to be opened until I have the expressed approval of the City of Winter Garden. Said approval shall **ONLY** be by Issuance of a Business Tax Receipt. I understand that opening without this approval and having not paid my Business Tax **WILL** result in an additional 25% penalty as required in Code Section 66-93(b).

I further understand that it is the applicant's responsibility to secure the license(s) prior to conducting business in the City of Winter Garden.

OWNER'S SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_

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Official Use Only

PLANNING AND ZONING

DATE

**PLEASE ATTACH ANY ADDITIONAL INFORMATION**