



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 PRIOR TO 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 DIRECTLY BY THE FIRE INSPECTOR TO ARRANGE FOR YOUR INSPECTION AFTER REGISTRATION OF THE BUSINESS TAX RECEIPT.
2. YOU MUST PROVIDE A COMMERCIAL LOCATION AS YOUR PHYSICAL BUSINESS ADDRESS. THE CITY OF WINTER GARDEN WILL **NOT** ALLOW A BUSINESS TO OPERATE USING A POST OFFICE BOX OR A MAILING CENTER BOX AS ITS PHYSICAL BUSINESS ADDRESS.
3. **BUSINESS TAX YEAR**
IS FROM OCTOBER 1ST THROUGH SEPTEMBER 30TH. TAX FEES ARE PRORATED AFTER APRIL 1ST FOR A HALF-YEAR FEE FOR REMAINDER OF THAT CURRENT BUSINESS TAX CYCLE.
4. **BUSINESSES, WHICH REQUIRE A STATE LICENSE OR HEALTH DEPARTMENT APPROVAL**
PLEASE PROVIDE COPIES OF APPROVALS PRIOR TO THE ISSUANCE OF A TAX RECEIPT.
*NOTE THAT IF A BUSINESS OPERATION HAS STATE LICENSED PROFESSIONALS OPERATING FROM THE BUSINESS LOCATION, EACH STATE LICENSED PROFESSIONAL MUST REGISTER UNDER THEIR INDIVIDUAL LICENSE(S) IN ADDITION TO THE BUSINESS LOCATION BEING REGISTERED.
5. **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."
6. PAYMENT IS COLLECTED AT TIME OF PROCESSING & THE FEE WILL NEED TO BE PAID AS EITHER A **CASH OR CHECK** PAYMENT ONLY. NO CREDIT/ DEBIT CARD PAYMENT ACCEPTED.
7. **AN ORANGE COUNTY BUSINESS TAX MUST ALSO BE OBTAINED PRIOR TO OPENING BUSINESS LOCATION.**

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 301 S Rosalind Avenue, Orlando, 32801 Florida (407) 434-0312.

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

- _____ LAND USE REVIEW (PLANNING DEPARTMENT WILL DETERMINE IF NEEDED)
- _____ COPY OF OWNER'S DRIVERS LICENSE OR IDENTIFICATION
- _____ COMMERCIAL – COPY OF LEASE (ADDRESS PAGE & SIGNATURE PAGE ONLY)
- _____ COPY OF WWW.SUNBIZ.ORG REGISTRATION OF ARTICLES OF INCORPORATION WITH THE STATE OF FLORIDA
- _____ COPY OF WWW.SUNBIZ.ORG REGISTRATION OF FICTITIOUS NAME FILING WITH DEPARTMENT OF STATE (IF APPLICABLE; NEEDED ONLY IF USING BUSINESS NAME LISTING OTHER THAN OWNER'S LEGAL NAME)
- _____ COPY OF STATE LICENSES (IF APPLICABLE)
- _____ DETAILED LETTER EXPLAINING BUSINESS OPERATIONS
- _____ PAYMENT OF CASH OR CHECK ONLY – FEE(S) DETERMINED BASED ON TYPE(S) OF BUSINESS OPERATION/ CLASSIFICATION



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: _____

APPLICATION TYPE	
<input type="checkbox"/>	NEW APPLICATION
<input type="checkbox"/>	CHANGE OF OWNERSHIP
<input type="checkbox"/>	CHANGE OF BUSINESS LOCATION

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;
- Physically Produced Identification / Type of ID Produced _____
- Online Notarization

Notary Seal

 SIGNATURE OF NOTARY

FOR OFFICE USE ONLY

Planner Reviewed for LUR Requirement	<input type="checkbox"/>	NO
--------------------------------------	--------------------------	----