



BUSINESS TAX RECEIPT PROCEDURES

If you plan to open or operate a business in the City of Lake Alfred, you must follow these procedures to obtain a Business Tax Receipt (formerly known as an occupational license). Any variance from these procedures will delay the processing of your business tax receipt and the opening of your business.

ALL BUSINESS operating within the city-limits:

Business Tax Fee – Once your application is completed, you must then pay the associated business tax prior to receiving your Business Tax Receipt and beginning operations. Even if you or your business type is exempt from the Business Tax Receipt fee, you must still complete the application.

Required documents – The City must receive copies of the following documents with the application.
**Note: Only final issued documents from the State, County or other agencies will be accepted. No applications or pending submittal documents are acceptable.*

- 1) **Florida License, Registration and/or Certification** – Almost all businesses are required to be licensed by the State. The Florida Department of Business & Professional Regulation issues most licenses. Website: www.myfloridalicense.com/dbpr/
- 2) **Polk County Business Tax Receipt** – required for all businesses in Polk County. The Polk County Tax Collector can be reached at (863) 534-4700. Website: www.polktaxes.com
- 3) **Florida Sales Tax Certificate (when applicable)** – To obtain a Florida Sales Tax Number or resale number, contact the Florida Department of Revenue. Their Lakeland Office telephone number is (863) 499-2260. Website: www.myflorida.com/dor
- 4) **Business Federal I.D. number** – Federal I.D. Numbers are obtained from the U.S. Internal Revenue Service. The toll-free number for the IRS is (800) 829-3676. Website: www.irs.gov
- 5) **Business/Fictitious name** - A business that does not include the full first name and last name of the business owner is considered a fictitious name and must be registered with the Florida Secretary of State's Office. The Secretary of State's telephone number in Tallahassee is (850) 245-6058. Website: www.sunbiz.org

Business with physical locations within the city-limits:

Location and Zoning Approval – The type of business must be permissible in the zoning district. You should first discuss the proposed use with the Community Development Department. Once the application is submitted the Community Development Department will issue a zoning verification letter for the file. **Home Occupations** also require the submittal of the Home Occupation Application for review.

Inspections – All business within the City require inspections. The Inspectors will check for code and safety issues. The inspection fee is \$35.00 and must be paid prior to scheduling the inspections.

- 1) **Building Inspector** - The City requires a minimum of five (5) business days to coordinate with the Departments to schedule their inspection of your establishment.
- 2) **Fire Inspector** – The Fire inspection will be scheduled prior to business opening. The Fire Inspector must see the establishment set-up for operation.

Utilities – Utilities can only be turned on once the Business Tax Receipt has been issued.. Temporary service is permitted for a 30-day period at a cost of \$100.00. There is a limit of 2 temporary service requests per business.

(PLEASE KEEP FOR YOUR REFERENCE)



CITY OF LAKE ALFRED

155 N Lake Shore Way, Lake Alfred, FL 33850
(863) 291-5748

BUSINESS TAX RECEIPT ACCOUNT APPLICATION FORM

Please complete the following sections. (Please Print) Unless otherwise indicated:

1) **TYPE OF BUSINESS:**

***HOME OCCUPATION:** If you operate from or receive supplies, materials, etc. at your Lake Alfred residence, please also complete the City's **Home Occupation Application**.

2) **BUSINESS NAME:** Follow Instructions

A. List the name of the business: _____

B. If applicant is using their own legal name in their Business Name, go to Item 3.

C. If applicant is not using their legal name in the Business Name, please provide one of the following:

Provide the fictitious name of the business as provided by the Florida Department of State.

Provide an explanation or exemption to the fictitious name registration act.

3) **NAME OF APPLICANT (Owner or Principal):** Enter the applicant's legal name below

First _____ MI. _____ Last _____ Sur _____

4) **BUSINESS LOCATION:** Enter physical location of business.

Address _____ City _____ State _____ Zip _____

5) **MAILING ADDRESS:** Enter mailing address if different from physical location in Item 4

Address _____ City _____ State _____ Zip _____

6) **TELEPHONE** _____

Email Address: _____

7) **FEDERAL TAX ID NUMBERS/SOCIAL SECURITY NUMBER:**

Note: Social Security Numbers and Federal Tax ID Numbers are not subject to public record requests.

Note: Sole Proprietors enter Social Security Numbers. Other Business's enter Federal Tax ID Number

8) **AFFIDAVIT:** Carefully review and sign the following affidavit.

I acknowledge and understand the procedures of obtaining a Business Tax Receipt from the City of Lake Alfred.

I, the undersigned, swear this application in its entirety is true and correct.

I affirm that I, the business owner/principle of record will comply with all Federal, State and City requirements.

I acknowledge and understand that this business tax receipt is issued pursuant to the information on this

application. It does not waive any other requirements of any City, County, State or Federal Authority that

is required prior to engaging into the activity, business, or occupation for which this application is being made.

SIGNATURE OF APPLICANT: _____

DATE: _____

**LICENSE WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETED IN FULL.
PLEASE ALLOW AT LEAST FIVE (5) BUSINESS DAYS FOR PROCESSING.**

INTERNAL CHECKLIST

Required Documents

- ☐ FL License, Registration and/or Cert.
- ☐ Polk County Business Tax Receipt
- ☐ Business Federal I.D. Number
- ☐ Business Narrative

Required If Applicable

- ☐ Florida Sales Tax Certificate
- ☐ Business/Fictitious Name
- ☐ Home Occupation Application

Staff Review

- ☐ Zoning Verification
- ☐ Building Inspection
- ☐ Fire Inspection

Fees

- ☐ Inspection Fee
- ☐ BTR Fee

Processing

Date Received: _____
Date Processed: _____
Processor: _____
BTR Fee: _____
Business No.: _____