

BTR #: _____



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BUSINESS TAX RECEIPT APPLICATION

Please check one of the following:

☐ New Business ☐ Transfer Ownership ☐ Change Location ☐ Renewal/ Information Update

A. General Information

Is this business currently operating at this location? ☐ Yes ☐ No Start/Opening Date:

Business Name/ DBA:

Nature of Business:

Business Location:

Square Footage:

Parcel ID #:

Business Mailing Address:

Business Phone #:

Cell Phone #:

B. Business Owner and Contact Information

Business Owner:

Mailing Address:

Contact Person (if different than owner):

Contact Phone #:

Email:

Would you like your renewal to be sent by email: Yes No (please circle one)

C. Business Information

Business Entity: Sole Proprietor Corporation Partnership Other:

NAIC Code:

Square Footage:

Federal Tax ID/ Social Security #:

A Federal Employee ID No. (FEIN) or Social Security No. (SSN) is required by FS 205.053 (5)

Fictitious Name #:

County BTR #:

State License #:

Expiration Date:

Is this a Home Occupation:

D. Property Owner Information**Property Owner Name:****Property Owner Address:****Property Owner Phone:****Property Owner Email:****NAME OF BUSINESS:****E. Business Activity****Business Type:****Describe the nature of business:****Retail Sales Only (Required)****Amount in dollars of stock carried at the business: \$****F. Food/ Alcohol Establishments (i.e., restaurants, cafes, bars)****State Restaurant No.:****State Alcohol Beverage License No.:****Expiration Date:****Total No. of Interior Seats:****Total No. of Outdoor Seats:****G. Transfer Ownership/ Change Location Address****Provide *new owner* information in Section B.****Current City BTR #:****Previous Owner:****Previous Business Name:****Previous Location:****H. Acknowledgement**

I hereby certify that the information contained herein is true and correct. I acknowledge and understand that a local Business Tax Receipt issued pursuant to this application is for the privilege of doing business in the Town of Lake Hamilton and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation for which this application is being made. I acknowledge that this business is governed by the Town of Lake Hamilton Code and I am responsible for becoming familiar with the code and abiding by its requirements. I further understand that if building, electrical, mechanical or plumbing alterations are planned or required, I or my contractor will obtain the proper permits as required by Florida law. I also affirm that I, the business owner/principle of record indicated hereon, is in compliance or will comply with all federal, state and legal requirements.

The issuance of this Business Tax Receipt is contingent upon complying with the building and fire prevention requirements of the City. Inspections will be performed, and should deficiencies be found that are in conflict with the Town code, the Town will not issue the Business Tax Receipt, nor will business operations be permitted, until required corrections are completed.

Applicant's Signature**Date**

NAME OF BUSINESS:

I. Planning/Zoning Review

Zoning District:

Site Plan Requirement:

Reviewed Printed Name:

Reviewed By:

Date:

J. Fire Review

Fire Printed Name:

Fire Signature:

Date:

Fire Comments:

K. Building Approval

Building Printed Name:

Building Signature:

Date:

Building Comments:

*Home Occupations do not require any inspections.