

BTR #: _____



P.O. Box 126
Lake Hamilton, Florida 33851
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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.



LAKE HAMILTON POLICE DEPARTMENT

EMERGENCY BUSINESS CONTACT LIST

*Please fill out this form and return with your Business Tax Receipt Application

Business Name: _____

Business Address: _____

Business Phone: _____

After Hours Contact: _____

Owners Name: _____

Owners Address: _____

Owners Cell Number: _____

Key Holder Name: _____

Key Holder Phone Number: _____

Email Address: _____

(Please circle one)

Alarm: Y N **Company Name:** _____

Video: Y N **Type of System:** _____

Expiration of Business Tax Receipt: _____



**IMPORTANT PHONE NUMBERS
TO BE CALLED
BEFORE TOWN BUSINESS TAX
RECEIPT CAN BE ISSUED**

- 1. Department of Professional Regulation or
Division of Hotels and Restaurants** (We must have a copy)
Tallahassee, Florida (850) 487-1395
www.myfloridalicense.com
- 2. Fictitious Name Filing** (We must have a copy)
NOTE: Articles of Incorporation will also be accepted
(850) 245-6058 or (850) 245- 6051
www.sunbiz.org
- 3. Polk County Business Tax Receipt** (We must have a copy)
430 E. Main Street
Bartow, Florida (863) 534-4700
www.polktaxes.com
- 4. Florida Department of Agriculture** (We must have a copy)
Plaza level 10, The Capitol
400 S Monroe St.
Tallahassee, FL 32399-0800
www.freshfromflorida.com

*** If you have questions please feel free to call us. **863-439-1910** or email
brittney@townoflakehamilton.com

*** All of the above items must be completed before coming to the Town of Lake Hamilton
for a business tax receipt.

*** If they do not pertain to your business put NA.

**NOTE: YOU MUST HAVE THE FIRE INSPECTION FOR NEW
APPLICATIONS PRIOR TO RETURNING THE APPLICATION TO THIS
OFFICE**