

**City of Apopka  
Commercial Business Tax Receipt  
Requirements:**

- Completed Application for Business Tax w/\$10.00 application fee
- Business Tax Receipt fees vary based on your businesses classification.**
- Fire Premise Inspection Report
- Copy of either your Incorporation Certificate/Fictitious Name Registration/LLC
- Copy of State License (*if applicable*)
- Tax ID Number or Social Security Number
- If you are Tax Exempt, we will need a copy of your Tax Exemption Certificate 501(c)3.

Please call if you would like to get your Business Tax Receipt fee amount or if you have any questions.

Community Development Department at 407-703-1739.

Thank you.



Community Development Dept.  
 120 East Main Street  
 Apopka, Florida 32703  
 Phone: 407-703-1712  
 communitydevelopment@apopka.net

## COMMERCIAL BUSINESS TAX RECEIPT APPLICATION

**FILING THIS APPLICATION AND REMITTING THE APPLICATION AND BUSINESS TAX FEE(S) FOR A CITY BUSINESS TAX RECEIPT DOES NOT ALLOW THE APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS, OCCUPATION OR PROFESSION UNTIL A BUSINESS TAX RECEIPT IS ISSUED TO THE APPLICANT. NOTE: THE \$10.00 NON-REFUNDABLE APPLICATION FEE IS IN ADDITION TO THE BUSINESS TAX FEE(S).**

Business Information	Owner Information (If corporation, provide corporate officer information)
Name:	Name:
Address:	Address:
Shopping Center:	City/State/Zip:
City/State/Zip:	Phone: <span style="float: right;">Fax:</span>
Phone: <span style="float: right;">Fax:</span>	Email Address:
<b>Mailing Address (If different than above)</b>	
Street:	
City/State/Zip	

Business Description (In Detail):

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Federal Tax ID Number (FEI #): _____	OR Social Security Number: _____
Fictitious Name Registration #: _____ (Attach Copy)	OR Exemption Status: _____ (Licensed Professional, First & Last Name Used, Incorporated, Attorney)
Regulatory License/Certification: _____	Corporate Doc: _____

### COMPLETE ALL THAT APPLY TO YOUR BUSINESS

Number of Employees:		Number of Beauty/Barber Stations:	
Approximate value of retail inventory:		Number of Nail Stations:	
Approximate value of wholesale inventory:		Number of Massage Stations:	
ATM	____ Yes ____ No	Number of Tanning Booths:	
Number of Students:		Number of Video Machines:	
Number of Units/Vehicles:		Number of other vending machines:	
Number of Pool Tables:		Vending Machines:	
Number of Fuel Pumps:		# Owned by you:	
Number of Nozzles:		# Owned by someone else:	
Number of Restaurant/Café seats:		Car Wash	____ Yes ____ No
Carry Out/Drive-Thru:	____ Yes ____ No	Dancing:	____ Yes ____ No
Alcoholic Beverages:		Bar/Lounge	____ Yes ____ No
Sold:	____ Yes ____ No	Wire Service: (Western Union/Money Gram)	____ Yes ____ No
Served:	____ Yes ____ No	Number of Bedrooms (hotel/motel/apartments)	

**CERTIFICATION:** I certify that all 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 business tax receipt(s) issued to me. I acknowledge that the issuance of this business tax receipt is contingent upon complying with the building and fire requirements of the City. Inspections will be performed and should deficiencies be found that are in conflict with required codes, I understand that the City will **not** issue the business tax receipt until I (or the owner of the building if leased) make the required corrections. I understand that should corrections be necessary, I am **not** permitted to operate this business until those corrections have been made and all applicable fees have been paid. It is further understood that I must FULLY comply with the Codes of the City of Apopka.

I understand that an Orange County business tax receipt must be obtained after the City business tax receipt is issued.

I further understand that it is the applicant's responsibility to secure the business tax receipt(s) prior to conducting business in the City of Apopka.

<b>Applicant Info (If different than owner info)</b>		
Name:		Email Address:
Address:		<i>I have read the foregoing document and the facts stated in it are true.</i>
City/State/Zip:		Applicant Signature:
Phone:	Fax:	Date Submitted:
<b>FIRE DEPT. SIGN-OFF:</b>		<b>Date:</b>

**PLANNING & ZONING DIVISION**

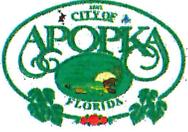
Date Received:	Date Approved:	Approved By:
Telephone and/or Mobile Business Only: Yes:	No:	Zoning Est.:
Legal Description:		
Comprehensive Plan (Land Use)		
Comments:		

Full Fiscal Year Fee:\$ \_\_\_\_\_  Half Year Fee: \$ \_\_\_\_\_  Transfer Fee:\$ \_\_\_\_\_

Classification Code	Bus Tax Fee	Other Fee	Penalty	Total	Bus Tax Number

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Application Fee: \$10.00 \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Issued by: \_\_\_\_\_  
 Bus Tax Subtotal: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Cash  Credit/Debit:  Check #: \_\_\_\_\_



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## PREMISE INSPECTION REPORT

An inspection of all commercial businesses is required prior to the issuance of a City of Apopka Business Tax Receipt. To arrange for an inspection, please call the *Apopka Fire Department* at 407-703-1756, a minimum of one working day prior to the requested inspection.

<b>Business Information</b>	<b>Emergency Contact Information (Please List Three)</b>
Name:	Contact 1:
Phone:	Phone:
Address	Contact 2:
Type of Business:	Phone:
Type of Building:	Contact 3:
<b>Applicant Information</b>	Phone:
Name:	Notes:
Phone:	
<b>Owner Information</b>	
Owner :	
Phone:	

The premise inspection will address the following: intended use of space, appropriate tenant separation, egress (sufficient exits), Sanitation (appropriate number of restroom facilities with handicap accessibility), fire extinguishers (condition, type and distribution), interior finish (carpet flame spread rating), electrical system (appropriate source of power), proper disposal of hazardous materials (if applicable), testing of emergency lighting, smoke detectors and alarm system.

**Fire Department**  
**(Phone: 407-703-1756)**

<b>Occupancy Load:</b>
<b>Comments:</b>

Approved by: \_\_\_\_\_  
(Fire Department Official)

Date: \_\_\_\_\_