

BUSINESS TAX RECEIPT APPLICATION

BUSINESS TAX RECEIPT APPLICATION PROCESS

STEP ONE

- Complete the Business Tax Receipt application and provide ALL requested information. The fee will be calculated after the building & fire safety inspection.
- Proof of property ownership must accompany the application in either of the following forms: a recorded deed in the applicant’s name, a fully executed lease agreement in the applicant’s name, or a notarized letter from the property owner granting the applicant permission to use the property.
- If you plan to use electronic gaming and/or coin-operated machines, provide the type and number of machines on the application. For electronic gaming establishments, provide copies of all reports submitted to State of Florida, including machine inventory.
- Check with the Building & Zoning Department at 386-329-0100 to determine if a permit is required before making any improvements or repairs. **ALL Signage, including the re-facing of existing signs requires a permit.**
- **Changing a business location requires a new Business Tax Receipt application.**
- **Renewing a business requires a new Business Tax Receipt application.**

STEP TWO

Submit the following documents to the City of Palatka Building & Zoning.
 201 North 2nd Street, Palatka, FL 32177 or building-zoning@palatka-fl.gov

1. Completed Business Tax Receipt Application.
2. Copy of your photo ID (or that of a named officer of the Company or Corporation).
3. Copies of State regulated Certifications, Registrations, Licenses or State required inventory.
4. Copy of lease or deed showing ownership of property (see instructions).

STEP THREE

After completing step two, call 386-329-0120 to schedule a Building and Fire Safety inspection for compliance with applicable fire, building and accessibility codes. Once you pass the inspection, contact the City of Palatka Building & Zoning to notify them. *Inspection fee: \$50 per hour*

STEP FOUR

The application will be reviewed and processed. Someone from the Building & Zoning department will contact you and advise you of total fees due. **No business shall commence until this review process is complete.**

Inspection Fee (<i>\$50 per hour</i>)	\$
Business Tax Receipt Fee (<i>to be calculated</i>)	\$

Return application to: City of Palatka, Building & Zoning, 201 N. 2nd St., Palatka, FL 32177 or via email, building-zoning@palatka-fl.gov



PLANNING DEPARTMENT
 201 N 2ND STREET
 PALATKA, FL 32177
 (386) 329-0100 Ext. 327

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This application must be **typed or printed in ink** and submitted to City of Palatka Building & Zoning, 201 N 2nd St., Palatka, FL 32177 or via email at building-zoning@palatka-fl.gov

Check One: ___New Business ___Transfer Ownership ___Transfer Location ___Name Change ___Renewal

Type of Ownership: ___Corporation ___Partnership ___Sole Proprietor ___Other

APPLICATION IS HEREBY MADE FOR AN OCCUPATIONAL LICENSE FOR THE PURPOSE OF ENGAGING IN BUSINESS, PROFESSION OR OCCUPATIONS DESCRIBED BELOW:

Business Name: _____

DBA (Doing Business As): _____

Business Phone: _____ **Alternate Phone:** _____

Business Address: _____

Mailing Address: _____

Type of Business: _____

State Certificate/Registration Number where required: _____

(Accounting, Acupuncture, Architecture, Barbers, Chiropractic, Construction Industry, Cosmetology, Dentistry, Dispensing Opticians, Medical Examiners, Professional Engineer, Landscape Architecture, Funeral Directors and Embalmers, Massage Therapy, Hearing Aids, Nursing Home Administrators, Nursing, Optometry, Pharmacy, Psychology Group, Real Estate, Veterinary Medicine, or any other registrations or certifications required).

Employer's Identification Number: _____ **Sales Tax #** _____

Opening date of Business in this City: _____ **If Merchant, state opening inventory: \$** _____

Seating capacity of Theater, Restaurant, Lounge, Tavern, or Café: _____

List number of electronic gaming or coin operated machines on premises: _____

Owner Name/Corporate Officer and Title: _____

Home address: _____

Email Address: _____

Phone: _____ **D.O.B.:** _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE ISSUANCE OF A CITY OF PALATKA OCCUPATIONAL LICENSE DOES NOT EXEMPT ME FROM ANY OTHER APPLICABLE LAWS, INCLUDING COUNTY OR STATE LICENSING, ZONING OR PERMITTING REQUIREMENTS. I FURTHER UNDERSTAND THAT A CITY OF PALATKA LICENSE REPRESENTS PROOF OF PAYMENT FOR THE LICENSE AND IS NOT TO BE USED TO REPRESENT ANY LEVEL OF QUALIFICATION, CERTIFICATION, TRADE OR PROFESSIONAL EXPERTISE TO THE PUBLIC.

Applicant Signature: _____ **Title:** _____

Fictitious Names Requirement: If your business will use any name other than the owner's legal name, or if a corporation will use a name other than its legal corporate name, a fictitious name (also referred to as a D/B/A) **MUST** be registered with the state. Forms and additional information are available from the Florida Department of State, Fictitious Name Registration, P.O. Box 6327, Tallahassee, FL 32314. (850) 245-6058, www.sunbiz.org.

FOR OFFICE USE ONLY

Current Zoning: _____ Allowable use: Yes _____ No _____ Approved by: _____



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Required Inspections: Fire Marshal _____ BZ _____ Active Water Acct: _____