

City of Okeechobee, 55 SE 3<sup>rd</sup> Avenue, Okeechobee, Florida 34974

## Business Tax Receipt Application

Dear Applicant:

Please be advised that commencing with this application for registration does not constitute permission by the City of Okeechobee to engage in a business or occupation. If the applicant elects to purchase or lease property or invest money in the proposed business prior to final approval of the City, the applicant does so at their own risk.

The purpose of this letter is to identify the proposed location of the commercial establishment, zoning of the property, and to see if the proposed use is permissible.

The following departments will be asked to inspect the proposed location and address any comments, concerns or requirements that may necessary in written form.

City Fire Department (inspection fee applies)  
City Building Official (inspection fee applies)  
City Police Chief

Public Works Director  
General Services Department  
City Engineer

Please note that in addition to the \$10.00 application fee that there is an initial \$50.00 building inspection fee and a \$15.00 fire inspection fee. These inspection fees may increase due to the degree of inspection or if more than one (1) inspection is required.

### **IMPORTANT**

**“ANY PERSON WHO ENGAGES IN OR MANAGES ANY BUSINESS, OCCUPATION OR PROFESSION WITHOUT FIRST OBTAINING A LOCAL BUSINESS TAX RECEIPT, IF REQUIRED, IS SUBJECT TO A PENALTY OF 25 PERCENT OF THE LICENSE DUE, PLUS A SURCHARGE OF \$75.00 IN ADDITION TO ANY OTHER PENALTY PROVIDED BY LAW OR ORDINANCE.”**

Please return entire application along with a COPY of the following information and a check to cover application and inspection fees as listed above:

- A. Current Water & Sewer bill or deposit receipt.
- B. Current Waste Management bill or deposit receipt.
- C. Rental or lease agreement or documentation showing proof of ownership.
- D. Incorporation papers with a list of all officers -----OR-----
- E. Fictitious name registration. [www.sunbiz.org](http://www.sunbiz.org) . \$50.00 fee for 5 years.
- F. Current State license or certification, if applicable.
- G. County license if you are a mobile vendor doing business within the city limits.
- H. Attach copies of documentation for any business listed on reverse side.
- I. Copy of your Auto Insurance for your business vehicle.

\*Please contact Kim at 863-763-3372, ext 222 if you need assistance. You may fax information to 863-763-1686\*\*\*

## **ATTENTION APPLICANTS:**

If you are applying for a Business Tax Receipt under one of the following categories, please note that you will need to provide proof that you are registered or licensed with the proper department. This verification is also needed whenever you renew your Business Tax Receipt.

### **FRESHWATER OR SALTWATER FISH PRODUCT SALES**

State License - Department of Natural Resources

### **ADULT CONGREGATE LIVING FACILITIES, NURSING HOMES, ADULT DAYCARE CENTERS, HOSPICES, CONVALESCENT HOMES, HOME HEALTH AGENCIES, STAFF NURSING, ETC.**

State License - Department of Health Care Administration

### **FAMILY DAY CARE HOMES / FACILITIES**

Registration - Department of Children and Families

### **AUCTIONEERS**

State License - Department of Business and Professional Regulation

### **PEST CONTROL / EXTERMINATORS**

State License - Department of Agriculture and Consumer Services

### **MORTGAGE BROKERS, MORTGAGE LENDING**

State License - Department of Financial Services

### **FOOD ESTABLISHMENT**

Current Food Permit or an active Letter of Exemption - Department of Agriculture and Consumer Services

### **HEALTH STUDIO**

Registration and proof of Financial Security (\$50,000.00 Bond)- Department of Agriculture and Consumer Services

### **PUBLIC LODGING, FOOD SERVICE ESTABLISHMENT**

State license - Division of Hotels and Restaurants

### **PAWN BROKER, Second Hand Dealer**

Registration - Department of Revenue

### **PAWN SHOP**

State License - Department of Agriculture and Consumer Services

### **SELLERS OF TRAVEL OR MOTOR VEHICLE REPAIR SHOP**

Registration - Department of Agriculture and Consumer Services

### **MOTOR VEHICLE DEALERS**

State License - Department of Highway Safety and Motor Vehicles

### **SECURITIES BROKER / AGENT**

State License - Department of Financial Services

### **BAIL BONDSMAN**

State License - Department of Insurance

### **BANK, SAVINGS & LOAN**

State License - Department of Financial Services

# Business Tax Receipt Registration Application

\$10.00 Application Fee

\$50.00 Inspection Fee

\$15.00 Fire Inspection Fee

Amount Paid\$ \_\_\_\_\_

Application Date: \_\_\_\_\_ Proposed Date of Construction/Occupancy: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mobile/Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Contact # (if different) \_\_\_\_\_

Social Security No: \_\_\_\_\_

Drivers License No (**attach a copy**): \_\_\_\_\_

Business Name: \_\_\_\_\_

# of employees: \_\_\_\_\_

Date business established: \_\_\_\_\_

Sq. footage of business: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Business Address: \_\_\_\_\_

City#Gh: \_\_\_\_\_

Zip: \_\_\_\_\_

Do you rent or lease this property?  YES  NO ( IF YES, PLEASE INCLUDE COPY OF LEASE OR RENTAL AGREEMENT)

Mailing Address : \_\_\_\_\_

City#Gh: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Does business have a Fictitious Name?  Yes  No ( If yes, please supply a copy)

Is the business Incorporated?  Yes  No ( If yes, include copy of Incorporation papers) FEIN #:

Is this a home occupation?  Yes  No Are you Tax Exempt?  Yes  No Attach copy of Tax Exemption)

Are you non -profit?  Yes  No (Please attach copy of Non-profit status)

Insurance Information: General Liability: \_\_\_\_\_

Workers Comp: \_\_\_\_\_

Auto Insurance: \_\_\_\_\_

( If you have a Mobile business a current copy of policy is required)

**PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO NOTIFY THE CITY OF OKEECHOBEE OF ANY CHANGES IN THE STATUS OF THIS BUSINESS\_**

Parcel Number: *(to be completed by applicant)*

Address of Subject property: \_\_\_\_\_

**Circle the Category(ies) that apply to your business**

100 Agriculture & Forestry	500 Retail/Wholesale	900 Recreation Facilities
200 Construction	600 Eating/Drinking	1000 Rentals
300 Manufacturing	700 Finance, Insurance & Real Estate	2000 Professional
400 Transportation, Communication, Utility Service	800 Services	3000 Non-Classified

I hereby acknowledge that I have read this application, that the information given is correct and that I am the owner or the duly authorized agent of the owner. I agree to conform with, abide by and obey all the rules and regulations which may be lawfully prescribed by the City Council of the City of Okeechobee or its officers for the issuance of this business tax receipt. Any false statement herewith is ground for rejection or revocation of this business tax receipt.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Items that the Building Department will be inspecting:

1. Addressing: Address must be visible on the building
2. Accessibility for Americans with Disabilities. Florida Statutes 553.504(15): Barriers at common or emergency entrances and exits of business establishments conducting business with the general public that are existing, under construction, or under contract for construction which would prevent a person from using such entrances or exits shall be removed. Minimum of One (1) accessible parking space is required. (Handicap space is to be as close to the building entrance as possible and should be on a hard paved surface.)
3. Fire Walls: Fire walls are required between businesses of different occupancy classifications when they are in the same building.
4. HVAC, Electrical and Plumbing: Are items in good working order and in operation under safe conditions.

**CHANGE OF USE: WHEN A BUILDING USE IS CHANGING FROM ONE USE GROUP TO ANOTHER (I.E.: RETAIL STORE TO MEDICAL FACILITY) A BUILDING PERMIT WILL BE REQUIRED TO BRING THE BUILDING TO THE CURRENT BUILDING CODE STANDARDS. TECHNICAL REVIEW MAY BE REQUIRED.**

**It is the Building Officials responsibility to inspect for the health and safety of the public.**

**\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\***

**General Services Department**

**Business Name:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Property Location:** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

<i>Current Zoning:</i>	<i>Current Future Land Use Designation:</i>
<i>Is the proposed use a permitted use? YES NO</i>	<i>If yes, Section and No.</i>
<i>If No, is the proposed use permitted by a Special Exception? YES NO</i>	<i>If yes, Section and No.</i>
<i>Does the proposed use require a Zoning change? YES NO</i>	<i>If yes, necessary zoning for proposed use:</i>
<i>Does proposed use require a Future Land Use Map Amendment? YES NO</i>	<i>If yes, necessary FLU proposed use:</i>
_____ Signature	_____ Date