



Business Tax Department
Orange County Tax Collector
P.O. Box 545100
Orlando, Florida 32854
(407) 836-5650

**APPLICATION FOR PAYMENT OF LOCAL BUSINESS TAX
ORANGE COUNTY, FLORIDA**

Application is hereby made for the privilege of engaging in the business, profession, or occupation hereinafter described for the period designated.

Business Name (DBA) _____ License Year _____

Business Location _____

Mailing Address _____

Phone Number _____ Legal Description _____

(Continue on reverse if more space is required)

APPLICANT INFORMATION

Name _____ Phone Number _____ DOB (MM/DD/YYYY) _____

Address _____

(Street Address)

(City)

(State)

(Zip Code)

Does applicant qualify for confidential status? Yes No

FULL CORPORATION DATA IS MANDATORY

Full Corporate Name _____

NAME AND RESIDENCE ADDRESSES OF OFFICERS

Name _____ Phone Number _____

Address _____

(Street Address)

(City)

(State)

(Zip Code)

Name _____ Phone Number _____

Address _____

(Street Address)

(City)

(State)

(Zip Code)

(Continue on reverse if more space is required)

NATURE OF OCCUPATION, PROFESSION OR BUSINESS

Fee

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Total Due \$ _____

PROVIDE THE FOLLOWING INFORMATION (IF APPLICABLE)

Number of Employees _____ Number of Vehicles _____ Seating Capacity _____

Number of Rooms _____ Number of Amusement/Vending Machines _____

CERTIFICATION

I certify that 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 issued to me. It is further understood that this business tax receipt is for the privilege of engaging in the business, profession or occupation shown and only at the location shown hereon. I further understand that I have no right to occupy any buildings at the location shown hereon unless I obtain a certificate of occupancy from the Building Department and such building and the surrounding property is in compliance with all applicable local, state and federal regulations. Further, I recognize that issuance of this business tax receipt is in no way a waiver of any applicable local, state or federal regulations. Failure to correct conditions on the premises that are in violation of the county code or to notify the Business Tax Department of any change will result in revocation of said business tax receipt.

Applicant Signature

Date

By



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BUSINESS TAX RECEIPT DECLARATION

Nature of Business (list all services provided)

Number of Employees _____

Completed Business Tax Receipt Application (circle one) Yes / No

Certification/License Information (if applicable)

State Certificate Number _____ Expiration Date _____

Competency Card Number _____ Expiration Date _____

State Restaurant Number _____ Expiration Date _____

Florida Bar Card Number _____ Expiration Date _____

Department of Finance Number _____

Department of Agriculture Number _____

State License Number _____

Copies of the following documents **must** be provided:

1. Florida Driver License;
2. City Business Tax Receipt, if applicable
3. Sunbiz Registration
4. State License(s), if applicable (i.e., Dept. of Business and Professional Regulation, Dept. of Agriculture, Health Dept., etc.)

ORANGE COUNTY ZONING INFORMATION

Please initial appropriate designation:

___ Mobile from a Residential District (your residence): Orange County Zoning Division approves this mobile business with the following conditions: No customers; no signs; no storage of equipment materials or products; no employees; home office only.

___ Mobile from a Non-Residential District: Orange County Zoning Division approves this mobile business with the following conditions: No customers; no signs; no outside storage of equipment materials or products; no employees; no office use.

___ Commercial/Office Business from Non-residential District

___ Home Occupation from a Residential District: There shall be no signage, no employees/customers at home, and no employee/customer parking. No more than twenty five percent (25%) of home to be used for business.

By submitting this application, you acknowledge the right to conduct this business at the proposed location does not supersede any private/public deed restrictions, terms of lease or restrictions that otherwise prohibit such use of the property. It is the applicant's responsibility to ensure compliance with all such parties.

Orange County Zoning Division approval for a mobile license from a residence or for a home occupation will require proof of residency at subject address.