CITY OF MINNEOLA
BUSINESS APPLICATION

Name of Business: _____

Category:
- ☐ Commercial - $40.00
- ☐ Insurance - $40.00
- ☐ Non-Profit 501(c)(3)- exempt from tax
- ☐ Home Business-$25.00
- ☐ Peddler-$35.00 qtr.

Business Owner: _____
Business Phone: _____
Business Physical Address: _____
Business Mailing Address: _____
_____

Type of Business: _____
☐ New ☐ Renewal ☐ Transfer

Applicant's Name: _____
Applicant's Phone: _____

APPLICANT STATEMENT OF UNDERSTANDING

I hereby acknowledge the requirement for compliance with all City of Minneola ordinances, regulations, and provisions applicable to this application to operate a business within the City of Minneola. Specifically, I understand that I MAY NOT OPEN FOR BUSINESS until the facility within which I intend to operate has been successfully inspected by the Building Department for compliance with Florida Building Code, the Fire Marshal for compliance with Florida Fire Prevention Code and Life Safety Code, and by the City of Minneola Code Enforcement Officer for compliance with the Code of Ordinances that apply to structures, signs, and other regulations. Should any of these inspections determine corrective actions are required, I understand that I shall make these corrections as a prerequisite to obtaining Business Tax Receipt from the City Clerk.

Applicant's Signature: _____ **Date:** _____

Business Tax: $ _____ ☐ **Cash** ☐ **Check #** _____

_____ _____
Received By **Date**

Following passing of all inspections, and confirmation that all fees have been paid, a business tax receipt will be issued from the City Clerk's Office.