



CITY OF MINNEOLA BUSINESS TAX RECEIPT APPLICATION COMMERCIAL/PROFESSIONAL BUSINESS TAX

Thank you for choosing the City of Minneola for the location of your business.

Please fill out all pages of the application packet and bring the following items to Utility Billing with your payment to start the process of your Tax Receipt Application. Only a complete packet can be processed. If you have any questions, please call the City Clerk Assistant 352-394-3598, Ext 112 for any assistance you may need.

ITEMS NEEDED FOR APPLICATION PACKAGE

COMMERCIAL LICENSE		Driver's License or State ID
		Proof of Fictitious Name – LLC, INC, ETC & FEIN WWW.SUNBIZ.ORG (Must Show Active Status & ID#)
		Tax ID # or Social Security # If using your own name
		State of Florida Licenses – If regulated by a state license
		Lease or Property Card if owner of the business site
		www.lakecopropappr.com
		Dept of Health Certification if applicable
		Cash or check only for fees: \$40.00 Business Tax Fee AND \$25.00 Planning & Zoning Review Note: Fees change after April 1 st and August 1 st
	*	<i>BOTH BUSINESS TAX AND PLANNING & ZONING CLEARANCE FEES ARE REQUIRED</i>
PROFESSIONAL LICENSE		Driver's License or State ID
		State of Florida Professional License
		Tax ID # or Social Security # If using your own name
		Name of work location
		Lease, Property Record Card, or Letter of Permission
		Cash or Check only for fees: \$40.00 BUSINESS TAX FEE Note: Fees change after April 1 st and August 1 st

STATE OF FLORIDA WEBSITES FOR PROFESSIONAL LICENSES

www.MyFloridaLicense.com
www.floridahealth.gov

www.myfloridacfo.com
www.flhsmv.gov

www.fdacs.gov
www.ahca.myflorida.com

AFTER RECEIPT OF APPLICATION

- Planning and Zoning will review application for zoning clearance.
- Code Enforcement and Fire Inspections will be scheduled for your business location.
- Notice to City Clerk Assistant –Finalizing of Business Tax Receipt based on Approval.



MINNEOLA BUSINESS TAX RECEIPT APPLICATION

MEMORANDUM OF UNDERSTANDING

Notice to Applicant- OTHER PERSONAL INFORMATION in compliance with FS 119.071 (5) 2.a

1. City is specifically mandated by Florida state law to collect federal employer identification number of social security number for the purpose of issuing a local business tax receipt.

Florida Statute: Chapter 205, Local Business Taxes 205.0535 (6) A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

2. City may collect your social security number for the following purposes: classification of accounts, customer identification and verification, customer billing and payment, creditworthiness, and other lawful purposes necessary in the conduct of City business. (Florida Statute, Section 11-071 (5) (a) (6))

3. City may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law (Florida Statute, Section 119.071 (5) (a) (6))

4. Authorized exceptions: DOS Form 119 Public Records Exemption Request is available upon request for certain government official and other qualifying circumstances.

Applicant Statement of Understanding

I hereby acknowledge the requirement of compliance with all City of Minneola ordinances, regulations, and provisions applicable to the 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 Fire Department for compliance with the Florida Fire Prevention Code and Life Safety Code and/or by the City of Minneola Code Enforcement Office for compliance with the Code of Ordinances that apply to structures, signs and other regulations and the building official, if deemed necessary. Should any of these inspections determine corrective actions be required, I understand that I shall have the corrections made as prerequisite in obtaining a Business Tax Receipt from the City Clerk.

Upon all inspections passed and confirmation of all fees paid, a Business Tax Receipt will be issued from the City Clerks' s Office. Business Tax Receipts are effective from October 1st through September 30th and are renewed annually.

Applicant Name: _____ Printed

Applicant Signature: _____ Date: _____



CITY OF MINNEOLA

BUSINESS TAX RECEIPT APPLICATION

APPLICATION INFORMATION		New	Renewal	Update	Transfer
Note: Pre-Application Meeting May be Required for:			Food Truck	Group Home	
Commercial	Professional		Insurance	Home Business	
Legal Business Name:			DBA:		
Business Owner:			Phone:		
Property Location:		Unit/Suite #	Mailing Address:		
City/State/ZIP:			Email:		
Applicant/Primary Contact Name:			Phone:		
Address:			Mail Business Tax Receipt to:		
Applicant Signature: (Also Sign Statement of Understanding)					Date
*Upon all inspections passed and confirmation of all fees paid, a Business Tax Receipt will be issued from the City Clerk's office. Business Tax Receipts are effective from October 1st through September 30th and are renewed annually.					
PROVIDE COPIES OF THE FOLLOWING (IF APPLICABLE):					
Driver's License #	Expiration Date	State License #	Expiration Date		
State Professional License #	Expiration Date	Dept of Ag/Food Safety Cert #	Expiration Date		
Fictitious Name/Sunbiz.org #	Expiration Date	Dept of Health/Lake Co. Health #	Expiration Date		
Federal Tax ID #	Property Record Card/Lease Agreement	Non-Profit Tax Exemption – 501(C)3	Letter of Permission from Property Owner (if renting)		
Insurance NAIC #					
OFFICE USE ONLY – FEES AND CERTIFICATIONS					
BTR Fee \$		Cash	Check #	Received by:	Date:
Zoning Clearance Fee \$25.00		Cash	Check #	Received by:	Date
Zoning District:		Use:			
APPROVED	I hereby certify that the requested use is permitted within the zoning district in which it is located.				
DENIED	I hereby certify that the requested use is not permitted within the zoning district in which it is located.				
Zoning Representative Signature:					Date:
License #		Date Issued:			Application taken by: _____



City of Minneola
800 N. US Highway 27
Minneola, FL 34715
Office: (352) 394 – 3598
Fax: (352) 394 – 7201
www.minneola.us

THIS APPLICATION FOR EVALUATION
must be filed out completely and
submitted with BTR application.

APPLICATION FOR EVALUATION OF COMMERCIAL TENANT SPACE

Date: _____

Address/Location of Space: _____

Applicant/Tenant Name: _____

Previous USE of space: _____

(Contact Planning & Zoning Dept. for more information ext. 172)

USE of adjacent(s) tenant space(s) sharing a wall: _____

(Contact Fire Dept. for more information ext. 202)

Size of space in square feet: _____

Sprinkler system present: _____

How many EXIT doors: _____

How many ADA bathroom(s): _____

How many ADA drinking fountains: _____

Service/Mop Sink present: YES NO

How many ADA parking spaces? _____

Please note that a tenant space may be required to comply with ALL the above requirements, as mandated by Florida law. An inspection and evaluation of the space will determine the extent of such need. Additionally, you may be asked to provide a "Change of Use" evaluation document from a licensed design professional (Architect) in Florida.

For City Official Use Only:

Scheduled Inspection Date: _____

Comments:

INSPECTION: APPROVED

DENIED

INSPECTED BY: _____