

City of Minneola

Business Tax Receipt Forms & Instructions

For a business located in a Commercial or Industrial location we will need the following items:

- _____ Drivers' License
- _____ Tax ID # / Social Security #
- _____ Lease or Property Record Card (if property owner)
- _____ Lake County Business Tax Receipt
- _____ Papers of Corporation (any document showing proof of LLC, Inc., Fictitious Name, etc.)
- _____ State of Florida License, if applicable
- _____ Lake County Health Dept. certification, if applicable

For your convenience here are some helpful contact numbers and websites:

Lake County Tax Collector (for County BTR): 352-343-9602 www.laketax.com
To establish LLC, Inc., Fictitious Name: www.sunbiz.org

These items will be submitted with the attached two forms. One form is to apply for the City of Minneola tax receipt, the other is for the Building Department's inspection.

All appropriate fees are payable by check or cash only. There are two fees: \$40.00 for the commercial tax receipt and \$58.00 for the Building inspection.

Please Note: If your business requires a professional license from the state, including but not limited to: hair stylist, contractor, engineer, etc. you will need a tax receipt for your business location and also yourself as a license professional. So your fees will be: \$40.00 commercial tax receipt and \$40.00 professional tax receipt, plus the \$58.00 Building inspection fee.

The property will be inspected by the Code Enforcement Officer, Fire Official, and Building Official. Once all necessary paperwork is submitted they will call to schedule the inspection with you.

Once inspections have been passed the tax receipt will be issued and mailed to the address listed on the application.

Please Note: After April 1, all tax receipts are charged at a half year rate. Tax receipts are renewed on October 1 regardless of when the initial receipt was issued.

SEE PAGE TWO FOR HOME OCCUPATION INSTRUCTIONS.

City of Minneola

Business Tax Receipt Forms & Instructions

For a home occupation located at a residential location we will need the following items:

- Drivers' License
- Tax ID # / Social Security #
- Property Record Card (if property owner) or Lease/Letter from property owner indicating a home office is permitted at the property.
- Lake County Business Tax Receipt
- Papers of Corporation (any document showing proof of LLC, Inc., Fictitious Name, etc.)
- State of Florida License, if applicable
- Lake County Health Dept. certification, if applicable

For your convenience here are some helpful contact numbers and websites:

Lake County Tax Collector (for County BTR): 352-343-9602 www.laketax.com
To establish LLC, Inc., Fictitious Name: www.sunbiz.org

These items will be submitted with the Business Tax Receipt application and appropriate fees are payable by check or cash only. The fee for a home occupation is \$25.00.

Please Note: If your business requires a professional license from the state, including but not limited to: contractor, engineer, etc. you will need a tax receipt for your home occupation and also yourself as a license professional. So your fees will be: \$25.00 home occupation tax receipt and \$40.00 professional tax receipt.

Once the appropriate paperwork is submitted and fees are paid the license will be issued and mailed to the address listed on the application.

Please Note: After April 1, all tax receipts are charged at a half year rate. Tax receipts are renewed on October 1 regardless of when the initial receipt was issued.

City of Minneola Business Tax Receipt Application

 NEW

 RENEWAL

 UPDATE/CHANGES

 TRANSFER

| | | | |
|---|--|--|--|
| Application Information: | | | |
| Category: | <input type="checkbox"/> Commercial \$40.00 | <input type="checkbox"/> Professional \$40.00 | <input type="checkbox"/> Home Business \$25.00 |
| <input type="checkbox"/> Insurance \$40.00 | <input type="checkbox"/> Non-Profit 501(c)3 Exempt | <input type="checkbox"/> Half Year – April 1st | <input type="checkbox"/> Transfer \$4.00 |
| Business Information: | | | |
| Legal Business Name: | | DBA: | |
| Property Location: | | | Unit/Suite: |
| Type of Business: | Email: | | |
| Business Owner: | Phone: | | |
| Mailing Address: | City: | State: | ZIP Code: |
| Mail Business Tax Receipt To: | | | |
| Applicant/Contact Information: | | | |
| Name (if other than Owner): | | Phone: | |
| Address: | City: | State: | ZIP Code: |
| Provide Copy if applicable: | | | |
| Driver's License# | Tax ID#: (FEIN/SS) | | |
| State License #: | | | Exp. Date: |
| State Professional License #: | | | Exp. Date: |
| Fictitious Name (Sunbiz.org): | | | Exp. Date: |
| Dept of Ag. Div. of Food Safety Cert: | | | Exp. Date: |
| Lake County BTR# | | | Exp. Date: |
| Lake County Health Department # | | | Exp. Date: |
| Additional Licenses: | | | Exp. Date: |
| Lease Agreement/Tenant or Property Record Card/Owner | | | |
| Letter of Permission from Property Owner (if Tenant with Home Business) | | | |
| Non-Profit Tax Exemption 501(c) 3 | | | |
| Insurance NAIC # | | | |
| <i>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.</i> | | | |
| Applicant Signature: (Also sign back Statement of Understanding) ** | | | |
| Signature: | | | Date: |
| Fees And Certification: | | | |
| Fee: \$ | <input type="checkbox"/> Cash | <input type="checkbox"/> Check # | Received By: |
| | | Date: | |
| Zoning: | Use: | Zoning District: | |
| I hereby certify that the requested use is permitted within the zoning district in which it is located. | | | Date: |
| Zoning Department Representative Signature: | | | Date: |
| Commercial Property Inspections: | | | |
| Building Dept: | Building Inspector's Signature: | | Date: |
| Code Enforcement Dept.: | Code Enforcement Signature: | | Date: |
| Fire Marshall: | Fire Marshall's Signature: | | Date: |
| LICENSE # | DATE ISSUED: | ISSUED BY: | |

**See Reverse Side for Applicant Statement of Understanding

City of Minneola Business Tax Receipt Application

Applicant Statement of Understanding

I hereby acknowledge the requirement of 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 successful inspected by the Building Department for compliance with Florida Building Code, the Fire Marshall 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 be required, I understand that I shall make these corrections 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 Clerk's Office. Business Tax Receipts are effective from October 1st through September 30th and are renewed annually.

Please Print

Applicant Name: _____

Applicant's Signature: _____ Date: _____



City of Minneola

"Central Florida's High Point"

P.O. Box 678, MINNEOLA, FLORIDA 34755

(352) 394-3598 • FAX (352)394-7201

www.minneola.us



City of Minneola
 800 N US Hwy 27
 Minneola, FL 34715
 Office: (352) 394-3598 ex. 2503
 Fax: (352) 414-4876
 Inspection Line: (352) 394-3598 x2504
www.minneola.us

Permit Number: _____

BUSINESS TAX RECEIPT APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY

BUSINESS INFORMATION:

Name of Business: _____
 Address: _____
 City/State/Zip: _____
 Contact Person: _____ Phone: _____
 Email: _____

MAIN ACTIVITIES OF BUSINESS:

BUILDING OWNER INFORMATION:

Name: _____
 Address: _____
 City/State/Zip: _____
 Email: _____ Phone: _____

Owner/Tenant agrees that construction will not commence without first obtaining any necessary building permits.

Owner/Tenant Affidavit: I certify that all foregoing information is accurate to the best of my knowledge.

Signature: _____

Date: _____

Title: _____

****FOR CITY USE ONLY****

COMMENTS: _____

SCHEDULED INSPECTION DATE: _____

INSPECTION APPROVED: _____

| | |
|------------|---------|
| Permit Fee | \$54.00 |
| DCA Fee | \$2.00 |
| DBRA Fee | \$2.00 |
| Total | \$58.00 |

Fee must be paid at time of application.

CITY OF MINNEOLA
800 N HWY 27
MINNEOLA, FLORIDA 34715

APPLICATION FOR EVALUATION OF COMMERCIAL TENANT SPACE

Date: _____

Address/location of space: _____

Applicant/Tenant: _____

Applicant/Tenant's cell number: _____

Previous USE of space (contact Planning/Zoning dept) _____

Proposed USE(s) of space: _____

Size of space in square feet: _____

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

Sprinkler system present? YES _____ NO _____

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 of 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.

AP10/2018