



LAND USE REVIEW APPLICATION

PROCESS:

THE CITY IS OFFERING A LAND USE VERIFICATION PROCESS FOR ALL NON-RESIDENTIAL AND COMMERCIAL USES. EFFECTIVE JANUARY 4, 2010 ALL NEW BUSINESSES AND RE-USE OF EXISTING PROPERTIES NEED TO COMPLETE AND SUBMIT THE ATTACHED LAND USE REVIEW FORM PRIOR TO SUBMITTING THE LOCAL BUSINESS TAX APPLICATION TO THE BUILDING DEPARTMENT. THE LAND USE REVIEW MUST BE APPROVED BY THE PLANNING AND ZONING DEPARTMENT PRIOR TO THE ISSUANCE OF THE LOCAL BUSINESS TAX.

THERE IS NO CHARGE TO THE CUSTOMER FOR PROCESSING THE LAND USE REVIEW FORM. THE FORM IS ATTACHED AND CAN BE FAXED ONCE COMPLETED TO 407.654.1258, ATTENTION: PLANNING & ZONING, MAILED TO THE CITY OR HAND DELIVERED TO OUR OFFICES AT 300 WEST PLANT STREET, WINTER GARDEN, FLORIDA 34787.

THE PLANNING AND ZONING DEPARTMENT WILL VERIFY THAT THE PROPOSED BUSINESS CONFORMS TO THE APPLICABLE ZONING DESIGNATION, COMPREHENSIVE PLAN, AND LAND DEVELOPMENT CODE. IMPROVEMENTS TO THE SITE AND/OR BUILDING MAY BE NECESSARY PRIOR TO OCCUPYING THE BUILDING. CERTAIN USES MAY REQUIRE A SPECIAL EXCEPTION PERMIT FROM THE PLANNING AND ZONING BOARD. A SEPARATE APPLICATION, FEE, AND PROCESS IS REQUIRED FOR THE SPECIAL EXCEPTION PERMIT. THE PLANNING AND ZONING DEPARTMENT WILL ALSO DETERMINE IF ANY ADDITIONAL IMPACT FEES OR CITY FEES WILL BE DUE PRIOR TO OR AT THE TIME OF ISSUANCE OF THE LOCAL BUSINESS TAX.

THE PROPERTY MAY BE A PART OF AN OVERLAY DISTRICT. DOWNTOWN AND WEST COLONIAL DRIVE HAVE RESTRICTIONS THAT MAY PROHIBIT THE USES. A CHANGE OF USE MAY TRIGGER CONFORMANCE TO ALL ASPECTS OF THE CITY CODE INCLUDING BUT, NOT LIMITED TO, LANDSCAPING, SIGNAGE, BUILDING AESTHETICS, AND UTILITY CONNECTION.

THE BUILDING DEPARTMENT AND FIRE DEPARTMENT WILL REVIEW THE BUILDING FOR ANY CHANGE IN OCCUPANCY. OTHER POSSIBLE REQUIRED BUILDING MODIFICATIONS WILL BE EVALUATED WITH THE LAND USE REVIEW. ALL REQUIRED CHANGES MUST BE COMPLETED TO THE SITE AND/OR BUILDING PRIOR TO OCCUPANCY.

LAND USE REVIEW APPROVAL IS BASED ON INFORMATION PROVIDED BY THE APPLICANT. ANY DIFFERENCES BETWEEN THE INFORMATION PROVIDED BY THE APPLICANT AND THE ACTUAL USE OF THE PROPERTY MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF THE TAX RECEIPT ISSUED FOR THE BUSINESS. IN ADDITION, THE CITY MAY IMPOSE CERTAIN RESTRICTIONS OR CONDITIONS ON THE BUSINESS AS ALLOWED BY LAW. ANY VIOLATION OF THESE RESTRICTIONS OR CONDITIONS MAY ALSO BE JUST CAUSE FOR IMMEDIATE REVOCATION OF THE TAX RECEIPT.

QUESTIONS OR INQUIRES MAY BE DIRECTED TO ANY CITY PLANNER IN THE PLANNING DEPARTMENT: 407.656.4111 EXT 2312 OR 2292.

THE FOLLOWING USES ARE EXEMPT FROM OBTAINING A LAND USE REVIEW:

- SINGLE FAMILY AND MULTI-FAMILY RESIDENCES
- CHANGE OF OWNERSHIP OF EXISTING BUSINESSES
- NAME CHANGE (SAME ADDRESS)
- BUSINESS TAX RENEWALS
- COMMERCIAL/INDUSTRIAL APPROVED SITE PLANS WITH BUSINESS NAME (IE; WALGREEN'S DRUGSTORE)
- GOVERNMENT USE BUILDINGS (AS LONG AS LAND USE AND ZONING ALLOWS USE)



LAND USE REVIEW APPLICATION

THIS REVIEW IS USED IN CONJUNCTION WITH THE LOCAL BUSINESS TAX APPLICATION PRIOR TO RECEIVING YOUR LOCAL BUSINESS TAX, THIS FORM MUST BE COMPLETED BY THE APPLICANT AND APPROVED BY THE PLANNING AND ZONING DEPARTMENT. PLEASE PROVIDE THE COMPLETED FORM WITH YOUR LOCAL BUSINESS TAX APPLICATION. *(AN INCOMPLETE FORM WILL CAUSE A DELAY IN PROCESSING.)*

APPLICANT / BUSINESS INFORMATION:

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FACSIMILE: _____ EMAIL: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

PROPOSED LOCATION / PROPERTY OWNER INFORMATION:

PROPOSED ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FACSIMILE: _____ EMAIL: _____

BUSINESS OPERATION INFORMATION:

SQUARE FOOTAGE OF OCCUPIED SPACE (UNIT): _____

HOW MANY PARKING SPACES ARE PROVIDED ON SITE? _____

HOW MANY CUSTOMERS DO YOU ANTICIPATE VISITING YOUR LOCATION EACH DAY? _____

WILL YOU BE SELLING/DISPLAYING/STORING ANY GOODS OR MERCHANDISE OUTSIDE? Yes No

WILL YOU BE ALLOWING DOG-FRIENDLY DINING ON THE PROPERTY? Yes No

WILL THERE BE ANY INTERIOR OR EXTERIOR ALTERATION OF THE PROPERTY OR TENANT SPACE? Yes No

WILL ALCOHOLIC BEVERAGES BE SOLD OR ALLOWS CONSUMPTION ON THE PREMISES AS PART OF THE BUSINESS? Yes No

HOW MANY EMPLOYEES WILL YOU HAVE (INCL. YOU)? _____ WHERE WILL THEY PARK THEIR VEHICLE? _____

IS YOUR BUSINESS A RESTAURANT? Yes No IF YES, PROVIDE NUMBER OF SEATS? _____

DO YOU USE A TRUCK/TRAILER FOR YOUR BUSINESS? Yes No IF YES, WHERE DO YOU STORE IT? _____

TYPE OF BUSINESS: _____

BUSINESS DESCRIPTION (IN DETAIL EXPLAIN BUSINESS OPERATION): _____

SIGNATURE OF APPLICANT:

I, _____, OWN, RENT/LEASE (CIRCLE ONE), THE PROPERTY LISTED ABOVE AND WILL BE USING THIS LOCATION IN THE OPERATION OF THE ABOVE LISTED BUSINESS. I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY TAX RECEIPT ISSUED TO ME.

APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____ BY _____,
WHO DID NOT TAKE AN OATH. Notary Seal

PERSONALLY KNOWN OR;
 PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

SIGNATURE OF NOTARY



LAND USE REVIEW APPLICATION

IF YOUR BUSINESS CAN BE DESCRIBED AS ANY OF THE CATEGORIES BELOW, PLEASE ANSWER THE QUESTIONS AND PROVIDE ALL NECESSARY DOCUMENTS.

RESTAURANT, CAFE, DELI, SNACK BAR

A FLOOR PLAN SHOWING SEATING, BAR AREAS, AND RESTROOMS IS REQUIRED. HAVE YOU INCLUDED A FLOOR PLAN? Yes No

1. HOW DO YOU CLASSIFY YOUR RESTAURANT (SELECT ALL THAT APPLY):

- RESTAURANT CAFÉ BAKERY BAR FAST-FOOD DRINKS ONLY (I.E., COFFEE, TEA, BOBA, ETC.)

2. HOW MANY SEATS (INCLUDING BAR STOOLS) WILL YOU PROVIDE? _____

3. HOW MANY RESTROOMS ARE PROVIDED? _____

4. HOW MANY CUSTOMERS DO YOU EXPECT TO VISIT EACH DAY? _____

5. WILL YOU BE ALLOWING DOG-FRIENDLY DINING ON THE PROPERTY? YES NO

6. WILL YOU HAVE OUTDOOR SEATING? YES NO

7. WILL YOU BE SELLING/DISPLAYING ANY MERCHANDISE OUTSIDE? YES NO

8. WILL YOU BE INSTALLING TVs, SPEAKERS, ETC. OUTSIDE? YES NO

9. WILL YOU BE SERVING BEER AND/OR WINE? YES NO

10. WILL YOU BE SERVING LIQUOR? YES NO

11. DO YOU HAVE A TRUCK/TRAILER THAT YOU USE FOR THE RESTAURANT? YES NO IF YES, WHERE WILL YOU PARK IT? _____

12. AT WHAT TIMES WILL THE RESTAURANT BE OPEN?

SUN: _____ MON: _____ TUES: _____ WED: _____ THURS: _____ FRI: _____ SAT: _____

CHURCH

A FLOOR PLAN SHOWING SEATING ARRANGEMENT AND RESTROOMS IS REQUIRED. HAVE YOU INCLUDED A FLOOR PLAN? Yes No

1. HOW MANY SEATS WILL YOU PROVIDE? _____

2. WHAT IS THE RANGE OF THE NUMBER OF ATTENDEES AT A SERVICE? _____

3. HOW MANY RESTROOMS ARE PROVIDED? _____

4. DO YOU PLAN ON HOLDING CLASSES, YOUTH GROUPS, ETC.? YES NO

5. IS THERE A KITCHEN OR KITCHENETTE ON SITE? YES NO

6. IS THIS LOCATION ALSO USED FOR OTHER USES OR BUSINESSES? YES NO

IF YES, PLEASE EXPLAIN: _____

7. HOW MANY SERVICES WILL YOU HAVE EACH WEEK? _____

8. AT WHAT TIMES WILL THE CHURCH BE OPEN/ACTIVE?

SUN: _____ MON: _____ TUES: _____ WED: _____ THURS: _____ FRI: _____ SAT: _____

AUTOMOBILE-RELATED BUSINESS

1. WHAT TYPE OF WORK WILL YOU SPECIALIZE IN (REPAIR, DETAIL, ELECTRICAL, ETC.)? PLEASE BE AS SPECIFIC AS POSSIBLE. _____

2. WHERE WILL YOU STORE YOUR TOOLS AND MATERIALS? _____

3. PLEASE CHECK ANY OF THE FOLLOWING SERVICES THAT YOU OFFER (SELECT ALL THAT APPLY):

- PAINT VEHICLES WASH VEHICLES DETAIL INSIDE TINT WINDOWS INSTALL NEW EQUIPMENT REPAIR BROKEN EQUIPMENT

5. DO YOU USE A TRUCK/TRAILER FOR YOUR BUSINESS? YES NO IF YES, WHERE WILL YOU PARK IT? _____

6. AT WHAT TIMES WILL YOUR BUSINESS BE OPEN?

SUN: _____ MON: _____ TUES: _____ WED: _____ THURS: _____ FRI: _____ SAT: _____



BUSINESS TAX REQUIREMENTS

PLEASE NOTE THAT ALL BUSINESSES OPERATING WITHIN THE CITY OF WINTER GARDEN MUST OBTAIN A BUSINESS TAX RECEIPT BEFORE OPENING. IF YOU OPEN BEFORE YOUR RECEIPT IS ISSUED, YOU WILL BE CHARGED A PENALTY OF 25% OF THE TAX AMOUNT.

1. COMMERCIAL LOCATIONS *ONLY* (AN APPROVED LAND USE REVIEW MUST BE SUBMITTED WITH A BUSINESS TAX APPLICATION)

AFTER PAYMENT OF THE BUSINESS TAX, THE COMMERCIAL BUSINESS LOCATION MUST BE INSPECTED BY THE FIRE DEPARTMENT TO MEET ALL APPLICABLE STATE AND CITY CODE REQUIREMENTS. YOU WILL BE CONTACTED TO ARRANGE FOR YOUR INSPECTION.

2. BUSINESS TAX YEAR

IS FROM OCTOBER 1ST THROUGH SEPTEMBER 30TH. TAX FEES ARE PRORATED AFTER APRIL 1ST FOR A HALF-YEAR FEE.

3. BUSINESSES, WHICH REQUIRE A STATE LICENSE OR HEALTH DEPARTMENT APPROVAL

PLEASE PROVIDE COPIES OF APPROVALS PRIOR TO THE ISSUANCE OF A TAX RECEIPT.

4. FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBERS

FLORIDA STATUTE 205.0535 (5) STATES "A RECEIPT MAY NOT BE ISSUED UNLESS THE FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) OR SOCIAL SECURITY NUMBER IS OBTAINED FROM THE PERSON TO BE TAXED."

5. AN ORANGE COUNTY BUSINESS TAX

Will have to be paid **AFTER YOU HAVE BEEN ISSUED THE CITY OF WINTER GARDEN BUSINESS TAX RECEIPT**. Business Tax Office is located in the Sun Trust Building, 200 S. Orange Avenue, Suite 1600, (16th Floor), Orlando Florida 32801 (407) 836-5650

- _____ LAND USE REVIEW
- _____ COPY OF OWNER'S DRIVERS LICENSE OR IDENTIFICATION
- _____ COMMERCIAL – COPY OF LEASE (ADDRESS PAGE & SIGNATURE PAGE ONLY)
- _____ COPY OF ARTICLES OF INCORPORATION
- _____ COPY OF FICTITIOUS NAME FILING WITH DEPARTMENT OF STATE (NEEDED ONLY IF USING NAME OTHER THAN OWNER'S LEGAL NAME)
- _____ COPY OF STATE LICENSES (IF APPLICABLE)
- _____ DETAILED LETTER EXPLAINING BUSINESS OPERATIONS



COMMERCIAL LOCAL BUSINESS TAX APPLICATION

BUSINESS NAME: _____

D/B/A NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FACSIMILE: _____ EMAIL: _____

MAILING ADDRESS
(IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

FEIN: _____ OR SSN: _____

APPLICATION TYPE	
<input type="checkbox"/>	NEW APPLICATION
<input type="checkbox"/>	CHANGE OF OWNERSHIP
<input type="checkbox"/>	CHANGE OF BUSINESS LOCATION

PER FLORIDA STATUTE 205.0535 (5);

THE SOCIAL SECURITY NUMBER (SSN) IS REQUIRED ONLY IF THE FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) HAS NOT BEEN PROVIDED ON THE APPLICATION.

TYPE OF BUSINESS: _____

BUSINESS DESCRIPTION: _____

CONTACT PERSON: _____

PHONE: _____ CELLULAR: _____ EMAIL: _____

PROPERTY OWNER:
(IF RENTING) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FACSIMILE: _____ EMAIL: _____

I, _____, OWN, RENT/LEASE (CIRCLE ONE), THE PROPERTY LISTED ABOVE AND WILL BE USING THIS LOCATION IN THE OPERATION OF THE ABOVE LISTED BUSINESS. I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY TAX RECEIPT ISSUED TO ME. IF IS FURTHER UNDERSTOOD THAT THIS RECEIPT IS FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS PROFESSION OR OCCUPATION SHOWN AND ONLY AT THE LOCATION SHOWN HEREIN AND THAT I WILL COMPLY WITH THE CODE OF THE CITY OF WINTER GARDEN. FAILURE TO CORRECT CONDITIONS ON THE PREMISES THAT ARE IN VIOLATION OF THE CITY CODE OR TO NOTIFY THE BUSINESS TAX OFFICE OF ANY CHANGES WILL RESULT IN REVOCATION OF SAID RECEIPT. I UNDERSTAND THAT OPENING WITHOUT APPROVAL AND HAVING NOT PAID MY BUSINESS TAX WILL RESULT IN AN ADDITIONAL 25% PENALTY AS REQUIRED IN CODE SECTION 66.93(b).

APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____ BY _____, WHO DID NOT TAKE AN OATH.

- PERSONALLY KNOWN OR;
- PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

Notary Seal

SIGNATURE OF NOTARY

FOR OFFICE USE ONLY

TECHNICIAN INITIALS

DATE RECEIVED

DATA CLERK INITIALS

DATE SCANNED

APPLICATION

FEES PAID

LAND USE REVIEW #

DATE

APPROVAL

BUILDING DEPARTMENT

YES NO