



CITY OF WINTER GARDEN
300 WEST PLANT STREET
WINTER GARDEN, FL 34787

P: 407.656.4111
WWW.WINTERGARDEN-FL.GOV

WINTER GARDEN • A charming little city with a juicy past.

COMMERCIAL LOCAL BUSINESS TAX APPLICATION

PLEASE BRING ALL OF THE FOLLOWING ITEMS THAT APPLY WHEN SUBMITTING YOUR APPLICATION

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

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. BUSINESS TAX YEAR IS FROM OCTOBER 1 THROUGH SEPTEMBER 30. TAX FEES ARE PRORATED AFTER APRIL 1 FOR A HALF-YEAR FEE.
2. COMMERCIAL LOCATIONS ONLY: AFTER YOU PAY YOUR BUSINESS TAX, YOU 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.
3. BUSINESSES, WHICH REQUIRE A STATE LICENSE OR HEALTH DEPT. APPROVAL, WILL HAVE TO PROVIDE COPIES OF THOSE APPROVALS PRIOR TO THE ISSUANCE OF A TAX RECEIPT.
4. FEDERAL ID OR SOCIAL SECURITY NUMBERS MUST BE PROVIDED. FLORIDA STATUTES 205.0535 (5) STATES "A RECEIPT MAY NOT BE ISSUED UNLESS THE FEDERAL EMPLOYER IDENTIFICATION NUMBER 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. THEY ARE LOCATED AT 201 S ROSALIND AVE, 2ND FLOOR, ORLANDO, FL. (407) 836-5650.



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BUSINESS NAME: _____

DBA NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

FEIN: _____ OR SSN: _____

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: _____

HOW MANY EMPLOYEES WILL YOU HAVE? _____ WHERE WILL THEY PARK THEIR VEHICLE? _____

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

WILL YOU BE SELLING/DISPLAYING/STORING ANY GOODS OR MERCHANDISE OUTSIDE? _____

HOW MANY VEHICLES WILL BE ON SITE DURING THE DAY? _____

DO YOU USE TRAILER FOR YOUR BUSINESS? _____ IF YES, WHERE DO YOU STORE IT? _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

PROPERTY OWNER (RENTING): _____ PHONE #: _____



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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 IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY TAX RECEIPT ISSUED TO ME. IT 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 HEREON 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.

SIGNATURE OF NOTARY

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION

TYPE OF ID PRODUCED _____

APPROVAL

PLANNING & ZONING SIGNATURE AND DATE: _____

SPECIALCONDITIONS: _____
