



## RESIDENTIAL LOCAL BUSINESS TAX APPLICATION

### 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<sup>ST</sup> THROUGH SEPTEMBER 30<sup>TH</sup>. TAX FEES ARE PRORATED AFTER APRIL 1<sup>ST</sup> FOR A HALF-YEAR FEE.

**2. YOU MUST PROVIDE A RESIDENTIAL LOCATION AS YOUR PHYSICAL BUSINESS ADDRESS. THE CITY OF WINTER GARDEN WILL NOT ALLOW A BUSINESS TO OPERATE USING A POST OFFICE BOX OR A MAILING CENTER BOX AS ITS PHYSICAL BUSINESS ADDRESS.**

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

WILL HAVE TO PROVIDE COPIES OF THOSE 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. PAYMENT OF FEE IS COLLECTED AT TIME PROCESSING & THE FEE WILL NEED TO BE PAID AS EITHER A CASH, CHECK OR DEBIT/CREDIT CARD UP TO 4:00 PM EACH BUSINESS DAY.**

**6. AN ORANGE COUNTY BUSINESS TAX MUST ALSO BE OBTAINED PRIOR TO OPENING BUSINESS LOCATION.**

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 at 301 S Rosalind Avenue, Orlando, Florida 32801 (407) 434-0312.

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

- RENTERS – "PROPERTY OWNER AUTHORIZATION OF USE" FORM
- "RESIDENTIAL AFFIDAVIT" FORM
- COPY OF BUSINESS OWNER'S DRIVER'S LICENSE OR PHOTO ID
- COPY OF [WWW.SUNBIZ.ORG](http://WWW.SUNBIZ.ORG) REGISTRATION OF ARTICLES OF INCORPORATION WITH THE STATE OF FLORIDA
- COPY OF [WWW.SUNBIZ.ORG](http://WWW.SUNBIZ.ORG) REGISTRATION OF FICTITIOUS NAME FILING WITH DEPARTMENT OF STATE (IF APPLICABLE; NEEDED ONLY IF USING BUSINESS NAME LISTING OTHER THAN OWNER'S LEGAL NAME)
- COPY OF STATE LICENSES (IF APPLICABLE)
- PAYMENT OF CASH, CHECK OR DEBIT/CREDIT CARD UP TO 4:00 PM EACH BUSINESS DAY. FEE(S) DETERMINED BASED ON TYPE(S) OF BUSINESS OPERATION/ CLASSIFICATION



## RESIDENTIAL 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: \_\_\_\_\_

**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.*

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER:  
(IF RENTING) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IF RENTING: THE OWNER OF THE PROPERTY MUST PROVIDE AUTHORIZATION FOR THE BUSINESS USE ON THE PROPERTY. A "PROPERTY OWNER AUTHORIZATION FOR USE" FORM MUST BE SUBMITTED WITH THE APPLICATION.**

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

DO YOU USE A TRAILER FOR YOUR BUSINESS?  Yes  No If Yes, Where Do You Store It?

I, \_\_\_\_\_,  OWN,  RENT/LEASE,

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. 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 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;

Physically Produced Identification / Type of ID Produced \_\_\_\_\_; or

Notary Seal

Online Notarization

\_\_\_\_\_  
SIGNATURE OF NOTARY



COMMUNITY DEVELOPMENT DEPARTMENT  
**BUSINESS TAX DIVISION**  
 300 WEST PLANT STREET  
 WINTER GARDEN, FLORIDA 34787  
 P: 407.656.4111 x5149  
 WWW. WINTERGARDEN-FL.GOV

**RESIDENTIAL AFFIDAVIT**

I, \_\_\_\_\_ AM APPLYING FOR A LOCAL BUSINESS TAX FROM THE CITY OF WINTER GARDEN, FLORIDA, BECAUSE MY PLACE OF BUSINESS IS LOCATED WITHIN A RESIDENTIAL DISTRICT, I HEREBY AGREE TO THE FOLLOWING CONDITIONS:

- 1) THE LOCATION OF THIS BUSINESS IS RESIDENTIAL; THEREFORE, I SHALL ONLY USE THIS LOCATION FOR OFFICE AND/OR BOOKKEEPING PURPOSES IN CONNECTION THEREWITH.
- 2) I AGREE NOT TO ADVERTISE THIS BUSINESS IN ANY WAY SHOWING THE ADDRESS STATED HEREIN. THIS INCLUDES, BUT NOT LIMITED TO, NEWSPAPER, TELEPHONE DIRECTORY LISTING, BUSINESS CARDS, BUSINESS STATIONERY, LETTERING ON VEHICLES, ETC.
- 3) I GUARANTEE NO PERSON OTHER THAN MEMBER OF THE FAMILY RESIDING ON PREMISES SHALL BE ENGAGED IN SUCH HOME OCCUPATION.
- 4) I GUARANTEE THAT THERE WILL BE NO CUSTOMER OR OTHER PEDESTRIAN AND/OR VEHICULAR TRAFFIC COMING TO THESE PREMISES IN CONNECTION WITH THIS BUSINESS.
- 5) I GUARANTEE THAT THERE WILL BE NO INVENTORY STOCKED ON THE PREMISES, NO WAREHOUSING OR STORAGE OF ANY ARTICLES OR MERCHANDISE USED IN CONNECTION WITH THE BUSINESS LOCATED AT THIS ADDRESS.
- 6) I CERTIFY THAT THE VEHICLE USED BY ME IN CONNECTION WITH THE BUSINESS IS NOT A COMMERCIAL TYPE, WHICH IS OTHERWISE PROHIBITED WITHIN THE RESIDENTIAL DISTRICT. I FURTHER CERTIFY THAT THERE WILL BE NO PARKING OF OTHER VEHICLES USED BY ME OR ANYONE ELSE EMPLOYED AT THIS ADDRESS.
- 7) I CERTIFY THAT I WILL COMPLY WITH THE CITY OF WINTER GARDEN, FLORIDA'S CODE ORDINANCES.
- 8) I CERTIFY THAT I WILL COMPLY WITH MY DEED RESTRICTION OR HOME OWNERS ASSOCIATION REQUIREMENTS.
- 9) I CERTIFY THAT ALL INFORMATION SUPPLIED TO THE CITY OF WINTER GARDEN ON MY APPLICATION FOR A LOCAL BUSINESS TAX IS TRUE AND CORRECT, AND I ACKNOWLEDGE THE CITY OF WINTER GARDEN'S RIGHT TO REVOKE MY TAX RECEIPT AND TAKE ANY OTHER LEGAL MEANS NECESSARY IN ACCORDANCE WITH ARTICLE IV OF THE CITY CODE, UPON THEIR DETERMINATION.
- 10) IN THE EVENT THAT THE CITY OF WINTER GARDEN DETERMINES THAT THERE HAS BEEN ANY VIOLATION OF THIS AGREEMENT, I FURTHER AGREE TO CEASE ALL BUSINESS ACTIVITIES AT THIS ADDRESS IMMEDIATELY UPON DUE NOTICE FROM THE CITY OF WINTER GARDEN.

**APPLICANT / BUSINESS INFORMATION:**

APPLICANT NAME: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

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

- PERSONALLY KNOWN;
- PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED; OR
- ONLINE NOTARIZATION

Notary Seal

\_\_\_\_\_  
 SIGNATURE OF NOTARY

**FOR ANY QUESTIONS OR CONCERNS PLEASE CONTACT THE BUSINESS TAX DIVISION AT (407) 877-5136.**



COMMUNITY DEVELOPMENT DEPARTMENT  
BUSINESS TAX DIVISION  
300 WEST PLANT STREET  
WINTER GARDEN, FLORIDA 34787

P: 407.877.5136  
WWW.WINTERGARDEN-FL.GOV

**PROPERTY OWNER AUTHORIZATION OF USE**

**APPLICANT / BUSINESS INFORMATION:**

APPLICANT/BUSINESS NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FACSIMILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROPERTY OWNER:**

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELLULAR: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I, \_\_\_\_\_, PROPERTY OWNER OF:

ADDRESS: \_\_\_\_\_

**COMMERCIAL PROPERTY**

HEREBY GIVE PERMISSION TO THE ABOVE MENTIONED APPLICANT/BUSINESS, WHO IS APPLYING FOR AN OPEN-AIR VENDER PERMIT, TO USE THE ABOVE LISTED LOCATION **AND WILL HAVE FULL USE OF THE RESTROOM FACILITIES LOCATED AT THE ABOVE ADDRESS.** THE LOCATION OF THIS BUSINESS IS COMMERCIAL, THEREFORE, IT SHALL ONLY BE USED FOR THE PURPOSES ALLOWED BY THE CITY CODE.

**RESIDENTIAL PROPERTY**

HEREBY GIVE PERMISSION TO THE ABOVE MENTIONED APPLICANT/BUSINESS, RENTER, WHO IS APPLYING FOR A **RESIDENTIAL BUSINESS TAX RECEIPT FOR HOME OFFICE ONLY**, TO USE THE ABOVE LISTED LOCATION AS HIS/HER LISTED BUSINESS ADDRESS. THEREFORE, IT SHALL ONLY BE USED FOR THE PURPOSES ALLOWED BY THE CITY CODE.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY

\_\_\_\_\_, WHO DID NOT TAKE AN OATH.

PERSONALLY KNOWN OR;

Notary Seal

PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY

**Any questions or concerns you may contact the Business Tax Division at (407) 877-5136.**