



Administrative Services
120 East Main Street
Apopka, Florida 32703
407-703-1703
administrativeservices@apopka.net

COMMERCIAL BUSINESS TAX RECEIPT APPLICATION

FILING THIS APPLICATION AND REMITTING THE APPLICATION AND BUSINESS TAX FEE(S) FOR A CITY BUSINESS TAX RECEIPT DOES NOT ALLOW THE APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS, OCCUPATION OR PROFESSION UNTIL A BUSINESS TAX RECEIPT IS ISSUED TO THE APPLICANT. **NOTE: THE \$10.00 NON-REFUNDABLE APPLICATION FEE IS IN ADDITION TO THE BUSINESS TAX FEE(S).**

Business Information	Owner Information (If corporation, provide corporate officer information)
Name:	Name:
Address:	Address:
Shopping Center:	City/State/Zip:
City/State/Zip:	Phone: Fax:
Phone: Fax:	Email Address:
Mailing Address (If different than above)	
Street:	
City/State/Zip	

Business Description (In Detail): _____

Federal Tax ID Number (FEI#) _____ OR Social Security Number : _____

Fictitious Name Registration# _____ OR Exemption Status: _____

(Attach Copy)

(Licensed Professional, First & Last Name Used, Incorporated, Attorney)

Regulatory License/Certification #: _____ Corporate Doc#: _____

COMPLETE ALL THAT APPLY TO YOUR BUSINESS

Approximate Value of Retail Inventory:	Number of Employees:
Number of Students:	Number of Video Machines:
Number of Units/Vehicles:	Number of Other Vending Machines:
Number of Pool Tables	Vending Machines Owned: Leased:
Number of Fuel Pumps: Nozzles:	Car Wash (Y/N):
Restaurant Seating Capacity:	Dancing (Y/N)
Alcoholic Beverages Sold: Served:	Bar/Lounge (Y/N)
Number of Beauty/Barber Stations:	Number of Tanning Booths:

CERTIFICATION: I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt(s) issued to me. I acknowledge that the issuance of this business tax receipt is contingent upon

complying with the building and fire requirements of the City. Inspections will be performed and should deficiencies be found that are in conflict with required codes, I understand that the City will **not** issue the business tax receipt until I (or the owner of the building if leased) make the required corrections. I understand that should corrections be necessary, I am **not** permitted to operate this business until those corrections have been made and all applicable fees have been paid. It is further understood that I must FULLY comply with the Codes of the City of Apopka.

I understand that an Orange County business tax receipt must be obtained after the City business tax receipt is issued.

I further understand that it is the applicant's responsibility to secure the business tax receipt(s) prior to conducting business in the City of Apopka.

Applicant Info (If different than owner info)		
Name:		Email Address:
Address:	<i>I have read the foregoing document and the facts stated in it are true.</i>	
City/State/Zip:		Applicant Signature:
Phone:	Fax:	Date Submitted:

COMMUNITY DEVELOPMENT

Date Received:	Date Approved:	Approved By:
Telephone and/or Mobile Business Only: Yes:	No:	Zoning Est.:
Legal Description:		
Comprehensive Plan (Land Use)		
Comments:		

ADMINISTRATIVE SERVICES

☐ Full Fiscal Year Fee:\$_____ ☐ Half Year Fee: \$_____ ☐ Transfer Fee:\$_____

Classification Code	Bus Tax Fee	Other Fee	Penalty	Total	Bus Tax Number

Notes: _____

Application Fee: \$10.00_____ Date Paid: _____ Date Issued:_____ Issued by: _____
 Bus Tax Subtotal:\$_____ Total Paid: \$ _____ Cash ☐ Credit/Debit: ☐ Check #:_____

