



**TOWN OF HOWEY-IN-THE-HILLS
APPLICATION FOR BUSINESS TAX RECEIPT**

Business Tax Receipt applicant shall submit a completed application and a \$10.00 non-refundable fee.

NAME OF BUSINESS: _____

NAME OF OWNER(S) OR PRINCIPAL SHARE HOLDER(S): _____

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE # _____ FAX # _____ EMAIL _____

OWNERSHIP TYPE: CORPORATION___ PARTNERSHIP ___ SOLE PROPRIETORSHIP
LIMITED LIABILITY COMPANY CHARITABLE ORGANIZATION OTHER

IS THE BUSINESS A HOME BASED BUSINESS: YES ___ OR NO ___
IF YES – COMPLETE QUESTIONNAIRE ATTACHED

ALL COMMERCIAL BUSINESSES MUST PROVIDE AN EXISTING SYSTEM EVALUATION PERMIT FROM LAKE COUNTY HEALTH (352) 253-6130.

FEDERAL ID# _____ STATE LICENSE NUMBER _____

TYPE OF BUSINESS _____

DATE BUSINESS STARTED _____

NUMBER OF EMPLOYEES: ___ NUMBER OF PROFESSIONALS: ___ NUMBER OF UNITS: ___

NUMBER OF STATE LICENSED EMPLOYEES: ___ Include a copy of all State Licenses

CURRENT ZONING _____ SQUARE FOOTAGE _____

LOCATION IN THE HOME, IF APPLICABLE _____

LIST SPECIFIC TYPE OF EQUIPMENT USED, AND TYPES OF HAZARDOUS CHEMICALS USED

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I UNDERSTAND THAT I AM PAYING FOR A BUSINESS TAX RECEIPT ONLY AND THAT I MUST MEET ALL TOWN ZONING, COUNTY AND STATE REQUIREMENTS BEFORE I CAN LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF HOWEY-IN-THE-HILLS, FLORIDA.

APPLICANT SIGNATURE: _____

DATE: _____

NOTE: In order to expedite this process, please supply the names, addresses and a copy of all State licenses for professionals. Proof of current registration or exemption from the Department of Agriculture and Consumer Services is required for health studios, dance studios, vehicle repairs shops, sellers of travel and telemarketing businesses. If the receipt applies for is not under the individual's name, proof of incorporation, Fictitious Name or exemption must be submitted.

TO BE COMPLETED BY STAFF

Inspection by Building Official and Fire Marshal for Commercial Business

Building Official

Date: _____

Fire Inspector

Date: _____

Inspection by Police Chief or Designee for Commercial Business

Police Chief or Designee

Date: _____

Town Clerk or Designee Approval

Town Clerk or Designee

Date: _____

\$10.00 APPLICATION FEE-DATE PAID: _____

\$3.00 TRANSFER FEE-DATE PAID: _____

RECEIPT FEE _____

DATE PAID _____

HOME BASED BUSINESS SUPPLEMENTAL INFORMATION

STANDARDS FOR HOME OCCUPATIONS (5.01.02)

The following questions relate to specific standards that have been established for home based businesses in the Town. Please complete this form with the appropriate responses to the questions.

	YES	NO
Will the business employ any non-resident to work at the house?		
Will there be any outdoor display of business goods, materials or supplies		
Will the business use any equipment or process that creates noise, vibration, glare, smoke, fumes, odors or electrical interference beyond the property line?		
Will the business use any equipment which will create visual or audible interference with radio or television reception?		
Will the business use any toxic, explosive, flammable, radioactive or other hazardous materials?		
Will the business occupy more than 20% of the heated floor area of the structure?		
Are any structural alterations proposed to accommodate the home based business?		
Is a separate entrance proposed for the business?		
Will the business involve the use of commercial vehicles for delivery to the residence other than vehicles normally associated with residential home delivery?		
Are any commercial vehicles associated with the business to be parked at the residence?		
Are any business identification signs proposed?		
Are customers or clients expected to visit the residence?		

If you answer yes to any questions, please attach a detailed explanation of the planned activity.