

CITY OF AUBURNDALE
BUSINESS TAX RECEIPT APPLICATION

<input type="checkbox"/> NEW BUSINESS		
<input type="checkbox"/> TAX RECEIPT/OWNERSHIP TRANSFER	**MUST SHOW PROOF OF SALE**	OLD RECEIPT # _____
<input type="checkbox"/> BUSINESS NAME CHANGE	OLD BUSINESS NAME _____	
<input type="checkbox"/> BUSINESS ADDRESS CHANGE	OLD BUSINESS ADDRESS _____	

BUSINESS NAME _____

DESCRIPTION OF BUSINESS _____

SQUARE FEET _____

STREET ADDRESS _____ PARCEL ID _____

MAILING ADDRESS _____

BUSINESS OWNER'S NAME _____

EMAIL ADDRESS _____

SOCIAL SECURITY# **OR** FEDERAL EMPLOYEE ID# **PER FL STATUTE, CH 205.535(5)** _____

Note: The City of Auburndale collects your Social Security Number for the following purposes: employment applications, benefit processing, income tax reporting, employee injury and accident reports, Business Tax Receipt data collection, insurance claims, credit worthiness, identification and verification, and data collection. Social Security Numbers may be shared with other authorized Agencies. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

OWNER'S ADDRESS _____

BUSINESS PHONE _____ AFTER HOURS CONTACT AND PHONE _____

DBPR STATE LICENSE # AND COPY ATTACHED _____

FICTITIOUS NAME REGISTRATION # AND COPY ATTACHED _____

POLK COUNTY TAX RECEIPT # AND COPY ATTACHED _____

USE OF HAZARDOUS MATERIALS ACCORDING TO THE FLORIDA STATUES 422 ? YES NO

SIGNATURE OF APPLICANT : _____ DATE: _____

_____ PLANNER APPROVED DISAPPROVED ZONING DISTRICT _____

_____ FIRE MARSHALL APPROVED DISAPPROVED

_____ BUILDING OFFICIAL APPROVED DISAPPROVED

REASONS FOR DISAPPROVAL _____

TAX RECEIPT # ISSUED _____

TAX CODE _____

ADMINISTRATIVE INSPECTION FEE \$ 25.00

CC: POLICE DEPARTMENT

BUSINESS TAX RECEIPT FEE \$ _____

FIRE DEPARTMENT

TOTAL \$ _____

UTILITIES DEPARTMENT

PUBLIC WORKS

REQUIREMENTS FOR A CITY OF AUBURNDALE
BUSINESS TAX RECEIPT

Please obtain the following before applying for a Business Tax Receipt with the City of Auburndale:

1. **State License**
 Department of Business and Professional Regulation (DBPR)
 (850) 487-2252
 Myfloridalicense.com
 Please check with the DBPR if you will need a license for your profession. The DBPR will require a license for such businesses as: automobile repair/sales, cosmetology, food/lodging, real estate, etc.

2. **Fictitious Name Filing**
 Department of State, Division of Corporations
 (850) 488-9000
 If you do not use your full name (first and last) in your business name, the State of Florida requires you to file.

3. **Sale Tax Number**
 Department of Revenue
 (863) 499-2260
 230 S. Florida Avenue #401
 Lakeland, FL

4. **Polk County Business Tax Receipt**
 Polk County Tax Collector
 (863) 534-4731
 Bartow
 430 E. Main Street
 OR
 Lakeland
 930 East Parker Street, Suite 261

We must have copies of all the above before we can issue a City Business Tax Receipt

Please call 863-965-5530 if you have any questions