



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 1ST THROUGH SEPTEMBER 30TH. TAX FEES ARE PRORATED AFTER APRIL 1ST 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 IS COLLECTED AT TIME OF PROCESSING & THE FEE WILL NEED TO BE PAID AS EITHER A CASH OR CHECK PAYMENT ONLY. NO CREDIT/ DEBIT CARD PAYMENT ACCEPTED.

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 200 S. Orange Avenue, Suite 1600, 16th Floor, Orlando, Florida (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 DRIVERS LICENSE

____ COPY OF WWW.SUNBIZ.ORG REGISTRATION OF ARTICLES OF INCORPORATION WITH THE STATE OF FLORIDA

____ COPY OF 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 OR CHECK ONLY – FEE(S) DETERMINED BASED ON TYPE(S) OF BUSINESS OPERATION/ CLASSIFICATION



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

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 (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 INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY TAX RECEIPT ISSUED TO ME. IF 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 Or;
☐ Physically Produced Identification / Type of ID Produced _____
☐ Online Notarization

Notary Seal

SIGNATURE OF NOTARY



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

P: 407.877.5136
F: 407.656.0839
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 OR;

☐ PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED

Notary Seal

SIGNATURE OF NOTARY

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

RESIDENTIAL AFFIDAVIT 06-10

WINTER GARDEN • A Charming Little City With A Juicy Past.



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

P: 407.877.5136

F: 407.656.0839

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 A OPEN-AIR VENDER PERMIT, TO USE THE ABOVE LISTED LOCATION **AND WILL HAVE FULL USE OF THE RESTROOM FACILITES 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;

☐ PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

Notary Seal

 SIGNATURE OF NOTARY

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