



PATSY HEFFNER, CFC
Osceola County Tax Collector
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APPLICATION FOR OSCEOLA COUNTY LOCAL BUSINESS TAX RECEIPT

(formerly known as Occupational License)

(Please Print)

IF YOUR BUSINESS IS LOCATED WITHIN UNINCORPORATED OSCEOLA COUNTY ZONING DEPARTMENT, APPROVAL WILL BE REQUIRED IN ORDER TO ISSUE THIS BUSINESS TAX RECEIPT.

Osceola County Ordinance 95-10, Section 1 states, "No person shall engage in or manage any business, profession or occupation within Osceola County..." unless exempt by county, state or federal law. Failure to comply with Osceola County Ordinance 95-10 may subject your business to additional costs including but not limited to court costs, attorney fees, administrative costs and penalties up to two hundred and fifty dollars (\$250) per day.

1. Business Name:

- A. List the name of the business: _____
- B. If applicant is not using their legal name in the Business Name, please check one of the following:
- List the Fictitious/Corporation name number of the business as provided by the FL Dept. of State: _____
- I WILL NOT engage in business until fictitious name/corporation registration number is received from Florida Department of State.

2. Business Location: Enter physical location of business (If this is a residential home and you rent or lease, a completed, "Property Owner Affidavit" is required and can be obtained from our website or any of our office locations)

Address _____ City _____ State _____ Zip _____

Telephone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

3. Location Boundary: Check only one In Osceola County **and** limits of city listed in Section 2 In Osceola County Outside Osceola County

Parcel ID Number: (provided by the Tax Collectors office) _____

****ANSWER THE FOLLOWING IF A RESIDENTIAL ADDRESS IS USED FOR THE BUSINESS****

- Are materials, supplies, or equipment stored on the property? _____ Does anyone, other than the occupant(s) work there? _____
- Do customers physically go to the address? _____ Is there a sign located on the property? _____
- Did you obtain Home Occupational approval from the BOA? _____ If "yes" what is the BOA number? _____

4. Name of Applicant (Owner or Principal): Enter the applicant's legal name(s) & Corporation name(if applicable) below

First _____ M. _____ Last _____ Sur. _____

First _____ M. _____ Last _____ Sur. _____

Corporation Name: _____ Contact Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

5. Mailing Address: Enter mailing address if different from physical location in Item 2 (Business Location)

Address _____ City _____ State _____ Zip _____

6. Social Security Number/Federal Tax ID Number: _____

Note: Sole Proprietors enter Social Security Numbers. Other Business Entities enter Federal Tax ID Number

(The Osceola County Tax Collector is required to collect Social Security numbers for the purposes of identification, and to fulfill reporting requirements in all phases of Statutory, Administrative, and Local Government Ordinance requirements.)

7. E-Mail Address: _____ **Bus. Website Address:** _____

8. Type of Business: (Please be very specific) If the type of business you are engaging in is State Regulated, a copy of the corresponding state license, registration or certification **is required to be attached** to this application. (i.e. General Contractors, Restaurants, Auto Repair, etc.)

Estimated Original Cost of the Equipment to be used in the Business \$ _____

List State License, Registration or Certification Number(s): _____

9. Affidavit: Carefully review and sign the following affidavit

(1) I, the undersigned, swear this application (including addendum and all other attachments) is true and correct. (2) I acknowledge and understand that a local county business tax receipt (previously referred to as an occupational license) is issued pursuant to this application is for the privilege of doing business in Osceola County and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation for which this application is being made. (3) I specifically acknowledge that a business tax receipt issued pursuant to this application does not indicate that the parcel of land upon which the business intends to operate is properly zoned for the activities in question and that it is the responsibility of the business to verify same with the appropriate zoning authority prior to commencing its activities or operations. (4) I also affirm that I, the business owner/principle of record indicated hereon, is in compliance or will comply with all federal, state and legal requirements.

Signature of Applicant: _____ **Date:** _____ **Receipt Fee:** _____

Once completed, please submit this application with payment to Patsy Heffner, Tax Collector. Use the above listed address when mailing in your application.



**BUSINESS TAX RECEIPT CONSOLIDATED APPLICATION
COMMERCIAL**

Osceola County Community Development Division
1 Courthouse Square, Suite 1400
Kissimmee, Florida 34741
Phone No: (407) 742-0200 Fax No: (407) 742-0202

**BUSINESS TAX RECEIPT CONSOLIDATED APPLICATION
COMMERCIAL**

REQUIREMENTS FOR SUBMITTAL OF APPLICATION

- (1) Application for permit filled out in its entirety with correct parcel number and original notarized signature of license-holder or owner-builder**
- (2) Address Notification Form from Public Safety/911 Addressing (if applicable)**
- (3) Proof of Ownership (warranty deed, tax bill or Property Appraiser printout.)**
- (4) Notice of Commencement if cost of labor and materials is greater than \$2500- (record and certify @ Courthouse –Recording Department)**
- (5) 1 Floor plan of current space being permitted.**
- (6) Lease agreement and /or notarized letter from land owner giving permission to pull permit.**
- (7) B.O.C.C. Tenant Occupancy Application Fee of \$241**
- (8) Local Business Tax Receipt Fee**

10/1 - 3/31	\$30.00
4/1 - 6/30	\$15.00
7/1 - 9/30	\$45.00



**BUSINESS TAX RECEIPT CONSOLIDATED APPLICATION
COMMERCIAL**

Osceola County Community Development Division
1 Courthouse Square, Suite 1400
Kissimmee, Florida 34741
Phone No: (407) 742-0200 Fax No: (407) 742-0202

1. BUSINESS ADDRESS: _____ (CITY) (STATE) (ZIP)

2. PARCEL NUMBER: _____ SUBDIVISION: _____

3. NAME OF BUSINESS: _____

NAME OF TENANT/BUSINESS OWNER: _____

TENANT/BUSINESS HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ FAX: _____

TENANT/BUSINESS OWNER'S EMAIL: _____

4. LANDOWNER'S NAME: _____

LAND OWNER'S ADDRESS: _____ (CITY) (STATE) (ZIP)

HOME PHONE: _____ CELL PHONE: _____ FAX: _____

LAND OWNER'S EMAIL: _____

5. DESCRIBE THE NATURE OF PROPOSED IMPROVEMENTS:

TENANT OCCUPANCY – NO STRUCTURAL CHANGES _____

6. IF YOU ARE CHANGING THE USE OF AN EXISTING BUILDING OR STRUCTURE PLEASE LIST THE EXISTING AND PROPOSED USE.

EXISTING USE: _____

PROPOSED USE: _____

7. ESTIMATED CONSTRUCTION VALUATION (INCLUDE LABOR AND MATERIALS).\$ _____

SQUARE FOOTAGE: LIVING (AIR CONDITIONED) AREA _____ NON – LIVING AREA _____

8. HEALTH DEPARTMENT INFORMATION:

City Water and Sewer: Yes No

Septic System: Yes No

Public Well: Yes No

******* NOTICE *******

I UNDERSTAND THAT: SEPARATE PERMITS/APPLICATIONS MAY BE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICALS (i.e. heating, air conditioning, coolers, etc.), DRYWALL, FIRE SPRINKLERS, POOLS, SIGNS, BOILERS, HEATERS, TANKS, COOLERS, etc. **THIS PERMIT APPLICATION SHALL BE DEEMED TO HAVE BEEN ABANDONED SIX (6) MONTHS AFTER THE DATE OF FILING FOR THE PERMIT, UNLESS BEFORE THEN A PERMIT HAS BEEN ISSUED. ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS OF NOT MORE THAN NINETY (90) DAYS EACH, MAY BE ALLOWED BY THE BUILDING OFFICIAL FOR THE APPLICATION, PROVIDED THE EXTENSION IS REQUESTED IN WRITING AND JUSTIFIABLE CAUSE IS DEMONSTRATED.**
WARNING TO OWNER: YOUR FAILURE TO RECORD A "NOTICE OF COMMENCEMENT" MAY RESULT IN YOUR PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR "NOTICE OF COMMENCEMENT".

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet all provisions of laws and ordinances regulating construction in this jurisdiction. The granting of a permit does not presume to give authority to violate the provisions of any other applicable state or local codes and/or ordinances. Additional restrictions applicable to this property may be found in the public records of Osceola County. Additional permits may be required from other governmental entities such as water management districts, state agencies, or federal agencies. I certify that the information contained in this permit application is accurate and true.

TYPE/PRINT NAME OF TENANT/BUSINESS OWNER (DATE)

SIGNATURE OF TENANT/BUSINESS OWNER (DATE)