



APPLICATION FOR BUSINESS TAX CERTIFICATE

City of Lake City

205 N. MARION AVENUE; LAKE CITY, FLORIDA 32055
(386)719-5746 FAX (386) 758-5426

DATE: \_\_\_\_\_

PURPOSE OF APPLICATION (check one)

- New Business ( )
Change of address ( )
Change of ownership ( )

CONTACT PERSON

Name: \_\_\_\_\_
Daytime phone: \_\_\_\_\_
Business Name \_\_\_\_\_

d/b/a \_\_\_\_\_

Business phone: \_\_\_\_\_
Business Address: \_\_\_\_\_

Occupancy date
Non-profit charter #\_

MAILING ADDRESS(if different from. business address)

FULLY DESCRIBE EXACT NATURE OF BUSINESS OR PROFESSION:

SALES TAX# \_\_\_\_\_
FEIN: \_\_\_\_\_

CIRCLE ONE: Business Owner; Registered Agent;
Manager; Broker of Record; Contractor
Other: \_\_\_\_\_

Name \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_
Drivers License # \_\_\_\_\_ ST \_\_\_\_\_

Social Security # \_\_\_\_\_
IF STATE LICENSED: LICENSE# \_\_\_\_\_ TYPE OF LICENSE \_\_\_\_\_

(Copy of State License must be presented)

Please indicate below the designated that characterizes the nature of your business:

- Sole Proprietor(with no separate legal identify)
Corporation
Professional Association
Partnership
Other Legal Entity \_\_\_\_\_

(Please Specify)

State of Corporation: Florida \_\_\_\_\_ Other \_\_\_\_\_

Headquarters address \_\_\_\_\_

PRINCIPALS NAMES AND ADDRESSES:

(If Partnership)

President \_\_\_\_\_

Vice-Present \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Registered Agent \_\_\_\_\_

Complete all information applicable to your type of Business:

1. Professional firm:

Professionals # \_\_\_\_\_
(List all licensed professional & license #must be attached)

Non-Professional employees# \_\_\_\_\_

2. Rental or leased unit:

Hotel/motel/rooming

House (#rooms) \_\_\_\_\_

Apartments/Residential unit (#units) \_\_\_\_\_

Campground & recreational vehicle park (#spaces) \_\_\_\_\_

Storage rental/mini storage (#spaces) \_\_\_\_\_

3. Rental/wholesale merchant (total square footage of covered structure or structures plus 25% of uncovered area used, excluding that portion used exclusively for customer parking)

4. Restaurants (#seats) \_\_\_\_\_

5. Banking and leading institutions (total amount of assets) \_\_\_\_\_

6. Gas station (# of nozzles) \_\_\_\_\_

7. Barber shop (# chairs) \_\_\_\_\_

8. Beauty salon (# chairs) \_\_\_\_\_

9. Amusement arcades, vending, entertainment

Merchandise vending machine \_\_\_\_\_

Service vending machine \_\_\_\_\_

Amusement/music/machine \_\_\_\_\_

#of pool tables

Golf course(# holes) \_\_\_\_\_

Mini Golf(#holes)

Driving range(not part of course)

Bowling alleys (# lanes) \_\_\_\_\_

I AFFIRM THAT THE INFORMATION GIVEN ON AND WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AUTHORIZED TO ACT AND BIND THE FIRM IN ALL MATTERS CONNECTED WITH THIS BUSINESS.

Signature of Authorized Agent



205 NORTH MARION AVENUE  
LAKE CITY, FLORIDA 32055

TELEPHONE: (386) 719-5746

FAX: (386) 758-5426

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## Social Security Number Collection Policy Notice

You are being provided this written policy for one or more of the purposes below, per Section 119.071(5), Florida Statutes.

The City Lake City, Florida collects your Social Security Number for the following purposes:

- Identification and verification
- Data collection, reconciliation and tracking
- Benefit processing
- Tax reporting
- Vendor registration applications
- **Local business tax receipts**
- Employee applications and volunteer contracts for background checks
- City injury reports
- Vehicle / property damage reports

CITY OF LAKE CITY, FLORIDIA

Business Tax Receipt Application / Renewal  
\*\*\*\* RETAIL BUSINESSES ONLY \*\*\*\*  
Merchants, Druggist and Storekeeper Classifications

Business name:

\_\_\_\_\_

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BUSINESS TAX CERTIFICATE FEE

Merchants shall pay a fee based on the total amount of square footage of covered structure, plus 25% of uncovered area used excluding that portion used exclusively for customers parking.

BASED ON THE FOLLOWING:

SQUARE FOOTAGE

1)	2,000 sq ft or less	\$ 30.00
2)	2,001 to 10,000 sq ft	60.00
3)	10,001 to 20,000 sq ft	250.00
4)	20,001 to 30,000 sq ft	350.00
5)	30,001 to 40,000 sq ft	450.00
6)	40,000 sq ft and up	700.00

ENTER SQUARE FOOTAGE \_\_\_\_\_

ENTER RATE FROM ABOVE SCHEDULE \_\_\_\_\_

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## Checklist for City of Lake City-Business Tax Receipt

\_\_\_\_\_ \*Complete the Business Tax Receipt Application enclosed.

\_\_\_\_\_ **Approved FIRE AND SAFETY inspection-contact Fire Dept @752-3312 -TO SCHEDULE**

\_\_\_\_\_ **Approved BUILDING inspection Growth Mgmt Dept@719-5750 -TO SCHEDULE**

\_\_\_\_\_ \*Zoning approval is required for ALL businesses; application must have appropriate zoning to be accepted for a City of Lake City Business Tax License

\_\_\_\_\_ \* Attach Proof of Current Fictitious Name Registration filed with the State of Florida, Division of Corporations and proof of advertisement in local newspaper

\_\_\_\_\_ \*If your business is a registered Corporation or Registered LLC a copy must be attached.

(You may need this for workers compensation purposes.)

\_\_\_\_\_ \* Receipt for license from the Division of Hotels and Restaurants.

\_\_\_\_\_ \* Department of Agriculture inspection showing approval to open (For retail or wholesale food).

\_\_\_\_\_ \* Department of Agriculture license, which will be in effect during the period the license is issued for:

Motor Vehicle Repair, Auto Body Repair, Travel Agency, Seller of Travel, Pawn Shop, Pest Control, Dance Studio

\_\_\_\_\_ Columbia County Competency Card or State Certification for Construction Industry, which will be in effect during the period for which the license is issued.

\_\_\_\_\_ \*State license from Dept. of Health for Medical occupations, including Nursing Homes and ACLF.

\_\_\_\_\_ \*State license from Dept. of Children & Family Services for Day Care Facilities.

\_\_\_\_\_ \* State license or inspection from Department of Environmental Health for Bar.

\_\_\_\_\_ \* Tattoo Parlor – Need a letter from a physician that will oversee sterilization procedures.

If your business is approved for a license, you are responsible for also obtaining a Columbia County Business Tax License

If you have any questions, please contact

Bev Jones @ 719-5746

Or

growthmanagement@lcfla.com