

APPLICATION FOR BUSINESS TAX CERTIFICATE

City of Lake City

205 N. MARION AVENUE; LAKE CITY, FLORIDA 32055-(386)719-5744

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-President _____

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

City of Lake City

205 NORTH MARION AVENUE
LAKE CITY, FLORIDA 32055

TELEPHONE: (386) 719-5750

FAX: (386) 758-5426

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:

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 _____
