



**BUSINESS TAX CERTIFICATE APPLICATION**

Name of Business \_\_\_\_\_

Fictitious Name \_\_\_\_\_ State License # \_\_\_\_\_  
(Must be registered with the State of Florida) (if applicable)

Federal ID \_\_\_\_\_ Form of Business: ( ) Individual ( ) Partnership ( ) Corp. ( ) LLC

Type of Business (please be specific) \_\_\_\_\_

Business Address (to be inspected) \_\_\_\_\_ Unit#(s) \_\_\_\_\_

Applicant Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
(To receive renewal notice)

Business Phone# \_\_\_\_\_ Emergency # \_\_\_\_\_ Fax# \_\_\_\_\_

Proposed Date Business will be started at this location \_\_\_\_\_

**Other Required Information:**

Eligible for exemption? (If over the age of 65 or Disabled) No \_\_\_ Yes \_\_\_ Date of Birth \_\_\_\_\_ Other \_\_\_\_\_

Square Footage \_\_\_\_\_ # of Employees \_\_\_\_\_ Proposed Capacity \_\_\_\_\_ # of Parking Spaces \_\_\_\_\_

FOOD SERVICE: Number of Seats Inside \_\_\_\_\_ Outside \_\_\_\_\_ Take Out only \_\_\_\_\_  
Need: **DBPR** (Division of Hotels & Restaurants) 850-487-1395 / **Dept of Agriculture** (Pre-Packaged Foods) 800-435-7352

ALCOHOL (Beer/Wine/ Liquor) No \_\_\_ Yes \_\_\_ (approval by City Council of alcoholic beverage location permit required)

Number of Apartments / Rooms / Mobile Homes / Rental Units/ Warehouse Units \_\_\_\_\_

Number of Vehicles / Trailers / Vending Machines / Nozzles \_\_\_\_\_  
(Provide a list of Vending Machine(s) located in the city limits)

Will any **used items** be bought or sold? No \_\_\_ Yes \_\_\_ (approval by City Council of Second Hand Dealer license required)

Will Liquid Propane (LP) Gas be sold at this location? No \_\_\_ Yes \_\_\_

Electric Service Provider (check one): Ocala Electric Utility \_\_\_\_\_ SECO \_\_\_\_\_ Progress Energy \_\_\_\_\_

Electric account will be in the name of (check one): Business \_\_\_\_\_ Landlord \_\_\_\_\_

Business is sharing space: No \_\_\_ Yes \_\_\_, with \_\_\_\_\_

**Required Signature and Affirmation**

The undersigned has read and understands that inspection of the structure/property will be performed by building, zoning, and possibly, fire inspectors. I further understand that I may not assume that the premises may be used as proposed until I have complied with all inspection requirements. A written report incorporating all inspection comments will be provided upon request. All inspection comments are based on the use as represented by me to the City. Additional comments and requirements may be imposed based on new information or issues not foreseen during the inspection. I agree to obtain a local business tax certificate prior to conducting business as required by the City of Ocala and to comply with all City of Ocala Ordinances whether specified or not. All information supplied shall become public record.

I swear or affirm that the above information is true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

**NOTICE**

A \$75.00 Change of Occupancy inspection is required for new business applications, transfer of ownership or locations.

The Business Tax Certification must be pre-paid at the time of applying for the change of occupancy inspection.

Fees assessed at the time of application vary based on proposed use classification and proximity to end the fiscal year.

Please call (352)629-8421 to confirm fee amount.

Accepted methods of payment are: cash, check (made payable to the City of Ocala) or credit card (a convenience fee will apply).

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FOR OFFICE USE ONLY

Account Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
Zoning District \_\_\_\_\_ Inspection Approved \_\_\_\_\_  
Business Type \_\_\_\_\_ Business Subtype \_\_\_\_\_  
Transfer of Ownership \_\_\_\_\_ Transfer of Location \_\_\_\_\_

DATE \_\_\_\_\_

The requested information is for the Police Departments use in the event of an emergency at your place of business and for maintaining records.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owners Phone Number: \_\_\_\_\_

Is business protected by guard dogs?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Does business have a fire alarm?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Does business have a fire sprinkler?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Does business have a security alarm?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Name and phone number of fire sprinkler company:  
\_\_\_\_\_

Name and phone number of alarm monitoring company:  
\_\_\_\_\_

AFTER HOURS EMERGENCY CONTACT INFORMATION

1.) Name \_\_\_\_\_ Phone # \_\_\_\_\_

2.) Name \_\_\_\_\_ Phone # \_\_\_\_\_

3.) Name \_\_\_\_\_ Phone # \_\_\_\_\_

# How to Complete the Business Tax Certification Application

## Page 1

**Top Section** – Fill in all blanks in this section that apply to your business.

- **Name of Business:** owner information (i.e., JANE’S TWO, INC.)
- **The Fictitious Name:** the name you will be doing business as, or how you are going to advertise. (i.e., AUNT JANE’S KITCHEN)
- The **state license number** is the number issued by a state agency (i.e., SEA for a restaurant, ME for medical, CRD for a financial broker, etc.), if applicable. Some businesses do not require a state license.
- The **Federal ID** is the number issued by the IRS for tax purposes.
- **Form of Business:** Is it a sole proprietor, partnership, or corporation?
- **Type of Business:** Be specific as to what type of business you will be conducting. If you are manufacturing something, what exactly are you making?
- **Business Address:** list the address to be inspected
- **Applicant Name:** list the person who is applying for the tax certificate
- **Contact Person:** this is the person our inspector will contact for the safety inspection
- **Phone Number:** list a phone number for the Contact
- **Email:** list an email for the Applicant
- **Mailing Address:** address to receive the tax renewal notice
- **Date Business started** at this address: list the date you propose to begin

**Bottom Section** – Fill in the blanks as they apply to your business.

- **Eligible for exemption:** If you are over 65 or disabled, you may qualify for a no fee license. Proof of eligibility required.
- **Square footage:** list the square footage of business
- **Proposed capacity:**
- **Number of parking spaces:**
- **Food Service:** Fill in the number of seats inside, outside, or mark if take out only. Also, you are responsible for contacting the State to schedule inspections. (Dept. of Business and Professional Regulation and Dept. of Ag).
- **Alcohol:** Are you going to be selling alcohol at your business?
- **Will any used items be bought or sold:** A second hand dealer application is required, additional fee due \$50
- **Will Liquid Propane gas** be sold at this location?

## Page 2

Sign and date the application.

## Page 3

Fill in all blanks on page 3. This information is used by the Police and Fire Departments in case of an emergency at your business.