



**BUSINESS TAX RECEIPT APPLICATION**

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

Name of Business (DBA) \_\_\_\_\_

Legal Entity Name \_\_\_\_\_ State License # \_\_\_\_\_  
(Must be registered with the State of Florida) (If applicable)

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

Form of Business: ( ) Individual ( ) Partnership ( ) Corp. ( ) LLC FEIN# \_\_\_\_\_

Name of Owner \_\_\_\_\_

Contact Name (For inspection) \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

**Business Information:**

Proposed Start Date for Business \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Electric Service Provider (Check one): Ocala Electric Utility \_\_\_\_\_ SECO \_\_\_\_\_ Duke Energy \_\_\_\_\_

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

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

**Other Required Information:**

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

Eligible for exemption? (Per Florida Statue 205) No \_\_\_\_\_ Yes \_\_\_\_\_ Exemption (FS#) \_\_\_\_\_  
(Additional info may be 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 \_\_\_\_\_

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

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

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

**Food and Restaurant Information:**

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)

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**Professional and Personal Services:**

Quantity and Type of Professional (Per 62-81 Ocala City Ordinance) \_\_\_\_\_  
(Quantity / Type )

Quantity and Type of Personal Services (Per 62-81 Ocala City Ordinance) \_\_\_\_\_  
(Quantity / Type )

**NOTICE**

- A Change of Occupancy inspection and fee(s) may be required for new business applications, additional square-footage, change of FEIN, additional occupancy, transfer of ownership or locations.
- The Business Tax Receipt 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.
- All Fees are Non-Refundable.
- The Business Tax Receipt renewals shall be in accordance with F.S.205.
- Please call (352)629-8421 to confirm fee(s) amount.
- Accepted methods of payment are: cash, check (made payable to the City of Ocala) or credit card (a convenience fee will apply).

**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 \_\_\_\_\_