



Town of Ponce Inlet
 4300 S. Atlantic Avenue
 Ponce Inlet, FL 32127
 386-236-2182 (voice)
 386-322-6717 (fax)

BUSINESS TAX RECEIPT
COMMERCIAL APPLICATION

Submittal Receipt # and Date: _____
 Fee Paid: _____

THIS FORM MUST BE FILLED OUT COMPLETELY

TYPE OF LICENSE: **NEW** **Renewal** **Transfer** **LICENSE #:** _____

SECTION 1: BUSINESS OWNER INFORMATION

Business Name			
Owner's Name			
Business Address			
Mailing Address (if different than above)			
Type of Business			
Tax ID Number		SS Number	
Business Phone		E-Mail	
Contact Name		Fax	
Emergency Contact Name		Emergency Contact #	

SECTION 2: PROPERTY DETAILS

Property Owner & Phone Number: _____

Is property Leased? If so, please attach a copy of the lease _____

Alarms on the premises: Burglar? _____ Fire? _____

Lock Box on premises? _____

SECTION 2: BUSINESS DETAILS

Hours of Operation: _____

List all activities to be conducted on premises (See conditions below): _____

Number of Employees (see conditions below): _____

Number of Vending Machines/Owner Information: _____

Number of ATM Machines/Owner Information: _____

Start Date of Business, if new: _____

PARKING REQUIREMENTS: Businesses in commercial zoning must submit a current parking plan each year pursuant to Section 74-63 of the Code of Ordinances. Parking spaces, including handicapped spaces, must be marked with wheel stops. Parking will be inspected prior to approval.

of parking spaces required per Table VI-3 (attached): _____

of parking spaces provided: _____

BASED ON: Square Feet _____ gross floor area _____ service area _____

BOATS:

Boat Name: _____

Coast Guard Certified # of Crew? _____

Number of Passengers? _____

AMPLIFIED SOUND PERMIT:

Is Amplified Sound used? Yes _____ No _____
If yes, please submit an "Amplified Sound Permit" application.

SIGNAGE:

Will Signage be placed within the Town? Yes _____ No _____
If yes, please submit a "Sign Permit" Application and a "Building Permit" Application. Permits must be received and approved prior to placement of any signs within the Town limits.

OTHER REQUIREMENTS FOR COMPLETE APPLICATION:

- Fictitious Name Information and/or Corporation Information.
- Health Department Permit and State of Florida Department of Business and Professional Regulation/Division of Hotels and Restaurants Permit if food of any nature is handled.
- State License, required insurance and a Comp Card for all building trade contractors not registered with Volusia County
- Copy of your Florida State Business License or certificate including Department of Agriculture and Consumer Services.
- Motor vehicle repair certificate from the State of Florida.
- Certificate of Liability & Workmen’s Comp Insurance or exemption (Contractors & Handyman only)
- Copy of your "Receipts of License" from the State Department of Agriculture and Consumer Services (1-850-488-3022) or Department of Business & Professional Regulations (DPR) (1-850-487-9529), or www.Myflorida.com.
- A copy of the lease, if applicable, must be provided with application.

PLEASE SIGN AND DATE APPLICATION – unsigned, undated & incomplete applications will not be processed.

I understand that the granting of the Business Tax Receipt implies only that the zoning of the location, as referenced on the Business Tax Receipt in which I intend to operate my business, is appropriate for that type of business. Additionally, I understand that granting of a Business Tax Receipt does not waive my responsibility to ensure compliance with all applicable requirements. Additionally, I agree to hold the Town harmless for any damages that may incur from my failure to meet all Town codes. I hereby swear and affirm that the information provided above is true and correct to the best of my knowledge.

Date of Application: _____
Applicant’s Signature: _____

Subscribed and sworn to (or affirmed) before me on _____, 20____
by _____.
He / She is personally known to me or has presented _____ as identification.

SEAL / STAMP

Notary Signature: _____

FOR OFFICE USE ONLY:

Copy of Applicable State/County/Other Jurisdictional Licenses attached for this occupation:

YES NO N/A

List of Licenses attached: _____

Copy of Lease:

YES NO N/A

Letter From Owner:

YES NO N/A

Fees: Application Processing Fee \$ 25.00
Fire Department Inspection Fee \$ _____
Business Tax Receipt Fee \$ _____
Other Fees (Type: _____) \$ _____
Total Fees: \$ _____

Application Accepted by: _____

DEPARTMENT APPROVALS

ADMINISTRATIVE SERVICES – Delinquency of Fees/Taxes No Yes

If YES, identify the fees/taxes/charges owed: _____

Date of Review: _____ Approved by: _____

FIRE DEPARTMENT: Approved Denied **Inspection Required:** Yes No

Inspection Fee: \$ _____ Occupancy Classification: _____

Comments: _____ Approved By: _____

Building Office Review: Approved Denied

Date of Inspection: _____ Comments: _____

Inspector Signature: _____ Date: _____

Planning & Zoning Review:

Zoning District classification: _____ **Comments:** _____

Approved By: _____ Date: _____
Department Representative