



TOWN OF LAKE PLACID, FLORIDA
LOCAL BUSINESS TAX APPLICATION AND EMERGENCY CONTACT FORM

8 North Oak Avenue, Lake Placid, Florida 33852 Telephone 863-699-3757 Fax 863-699-3760

GENERAL INFORMATION

Submission of an application does not imply consent to operate your business therefore, you shall not conduct any business until a Local Business Tax License is issued. The Town may not be held responsible for improvements you make on the location prior to all approvals given for the issuance of your Local Business Tax License. Proper permits must be obtained for all alterations, remodeling, and repairs affecting the electrical, plumbing, mechanical or building structure.

Changes in business practices that conflict, and/ or, do not quantify the scope of business practices given in the application with supplemental notice may result in a code enforcement request to revoke the business tax permit. A business permit is not an approval of business signage. The Town of Lake Placid has a separate sign ordinance that is strictly enforced.

Additional information may be requested before the issuance of a business tax license if a proposed business location has a conflict with the town's zoning codes. Business owners may be required to present business proposals to the town's planning and zoning officials.

Business tax permits must be posted within the business and available to inspection for compliance by Lake Placid Code Enforcement. Business tax on-site inspections occur during normal business hours on an annual basis.

Businesses that are high risk for fire, chemical hazards, explosives, or other hazards may be required to have a fire inspection prior to opening. The fire inspector for the town of Lake Placid can be reached at Telephone 863-385-1112. Determination of "high risk" includes restaurants, commercial fertilizer distributors, and businesses having a high fire load.

Business Information

(Print or Type Clearly)

Business Name		Opening or Continuance Date	
Business Address (Post office box alone is not acceptable)			
City		State	Zip
Phone	Mobile	Fax	Website / Email
Business Type: [Check one] Sole Proprietorship Corporation Limited Liability Company (LLC) Partnership Other _____			
Description of Business and Merchandise and or Services to be sold			
Federal Employee I.D. No.		Sales Tax No.	
State License Number(s)			
Average Value of Merchandise / Inventory: [Check one] Less than \$5,000 \$5,000 - \$10,000 \$15,001 - \$20,000 Greater than \$20,000			
Previous Use of Land / Property			



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Business Information (Continued)

Is the business going to:	YES	NO
Be a professional association?	YES	NO
Join an existing office?	YES	NO
Have door-to-door service?	YES	NO
Operate from a home?	YES	NO
Require state licensing?	YES	NO
Require license transfer?	YES	NO
If Yes, provide original Local Business Tax License		
Be licensing fee exempt?	YES	NO
Serve liquor?	YES	NO
Serve food?	YES	NO
Sell tobacco products?	YES	NO
Have day or adult care services?	YES	NO
Deal with hazardous materials?	YES	NO

Owner Information

Owner's Name		Date of Birth	
Mailing Address			
City		State	Zip
Phone	Mobile	Fax	Email
Social Security No.		Drivers License No.	
<p>I, the undersigned do hereby certify that the information given in this application is complete and accurate, and I understand that to make false statements within this application may result in denial of application and possible legal action. If granted a Local Business Tax Receipt, I agree to operate within all applicable City and State laws, and to notify the City if any of the information I have given changes. I further understand that no portion of the Local Business Tax is refundable, and in the event of non-compliance this application shall be subject to cancellation or revocation.</p>			Date Stamp
Signature	Title	Printed Name	Date
			Control No.



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POLICE EMERGENCY CONTACT INFORMATION

The information given in this section will allow police services to contact you in the event of an emergency at your business when you are absent. Information herein will also help insure officer safety in the event of a response to your business in your absence.

Business Information

(Print or Type Clearly)

Business Name			
Street Address	City	State	Zip
Business Phone	Complex Name		

Please list at least two (2) emergency contacts. The following information is kept strictly confidential.

Contact #1

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

Contact #2

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

Contact #3

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

Contact #4

Name			
Address	City	State	Zip
Primary Phone No.	Alternate Phone No.		

If chemicals, weapons, canine guards, or other hazardous materials are kept on premise, please advise of type and location:

Any other notes about your business you would like included:
