



City of Polk City Application for Business Tax Receipt

Name of Business _____ Phone # _____

Business Location Address _____

Mailing Address _____

Owner of Business _____

Mailing Address _____

Phone Number _____ Emergency Phone Number _____

Property Owner Name _____ Phone # _____

Property Owner Address _____

Federal ID or Social Security Number _____

Business License to engage in the business of

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

No. of Employees _____ No. of Chairs Beauty/Barber Shop _____

Vehicles for Hire/Number of Vehicles _____ Gas Stations/Number of Pumps _____

Restaurants/Seating Capacity _____

MERCHANTS: The retail value of inventory, stock, on-hand or consignment \$ _____

State License Number _____ County License Number _____

I HEREBY MAKE APPLICATION FOR A BUSINESS TAX RECEIPT IN THE CITY OF POLK CITY, FLORIDA, FOR THE BUSINESS/PROFESSION INDICATED ON THIS APPLICATION, AND I CERTIFY THAT ALL STATEMENTS AND REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT.

Signature of Applicant _____ Date _____

(FOR OFFICE USE ONLY)

BUILDING & ZONING DEPARTMENT APPROVAL

ZONING DISTRICT _____ IS THIS A HOME OFFICE USE? _____

MEETS: PARKING REQUIREMENTS _____ ELECTRICAL CODE _____

PLUMBING REQUIREMENTS _____ FIRE CODE _____

BUILDING OFFICIAL/CODE ENFORCEMENT: APPROVED _____ DISABPPROVED _____

BY: _____ DATE: _____

Signature

REMARKS _____

ONCE THIS APPLICATION IS RECEIVED AND PROCESSED, AN INVOICE FOR PAYMENT WILL BE SENT. DO NOT SEND ANY MONEY WITH APPLICATION; IF YOU HAVE ANY QUESTIONS, PLEASE CALL 863-984-1375, Extension 238