



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 239

