



BUSINESS TAX RECEIPT APPLICATION

City Code: _____ Date: _____

BUSINESS TAX RECEIPT APPLICATION PROCESS

No business shall commence until this review process is complete, per section 78-162 (b), of the Palatka Code of Ordinance's.

STEP ONE: GATHER INFORMATION

- Per section 78-162:** Complete the Business Tax Receipt application and provide **ALL** requested information. The annual fee will be calculated **after** the building & fire safety inspection is completed.
- Per section 78-163 & 78-165:** Proof of property and/or business ownership must accompany the application in either of the following forms: a recorded deed in the applicant's name, a fully executed lease agreement in the applicant's name, or a notarized letter from the property owner granting the applicant permission to use the property. For business ownership, an executed sale contract and/or Articles of Incorporation from the State of Florida must be supplied. For business transfers, a notarized letter from the previous business owner agreeing to the transfer which must include both previous and future owners' signatures. 10% of the annual BTR is the transfer fee (no less than \$10.00) cost.
- If you plan to use electronic gaming and/or coin-operated machines, provide the type and number of machines on the application. For electronic gaming establishments, provide copies of all reports submitted to State of Florida, including machine inventory.
- ALL Signage, including the re-facing of existing signs requires a permit.
- Changing a business location requires a new Business Tax Receipt application.

STEP TWO: SUBMIT

Submit the following documents to the City of Palatka Planning Department.

201 North 2nd Street, Palatka, FL 32177 or building-zoning@palatka-fl.gov

1. Completed Business Tax Receipt Application. \$50.00 fee.
2. Copy of your photo ID (or that of a named officer of the Company or Corporation).
3. Copies of State regulated Certifications, Registrations, Licenses or State required inventory, and/or Sunbiz registration.
4. Copy of lease or deed showing ownership of property.
5. Completed Fire and Safety Inspection that passed.

To schedule a Fire Safety Inspection, call 386-983-1666 or email firesafetyinspections@palatka-fl.gov, for compliance with applicable fire, building and accessibility codes. Once you pass the inspection, your application will move to step three. Inspection fee: \$50 per hour (1 hour minimum Initial & Annual)

Both BTR application & Fire Safety Inspection fees to be paid at this time. Total: \$100.00

STEP THREE: STAFF REVIEW

The completed application will now be reviewed, and we will notify you via email if your application is approved or denied. **If approved, the Business Tax Receipt Annual fee must be paid in order to open for business.**

BUSINESS TAX RECEIPT APPLICATION

This application must be **typed or printed in ink** and submitted to City of Palatka Planning Department, 201 N 2nd St., Palatka, FL 32177 or via email at building-zoning@palatka-fl.gov



BUSINESS TAX RECEIPT APPLICATION

Check One: New Business
 Transfer Ownership
 Transfer Location
 Name Change
 Renewal

Type of Ownership: Corporation
 Partnership
 Sole Proprietor
 Other

City Code: _____ Date: _____

APPLICATION IS HEREBY MADE FOR AN OCCUPATIONAL LICENSE FOR THE PURPOSE OF ENGAGING IN BUSINESS, PROFESSION OR OCCUPATIONS DESCRIBED BELOW:

Business Name: _____

DBA (Doing Business As): _____

Business Phone: _____ Alternate Phone: _____

Business Address: _____

Mailing Address: _____

Type of Business: _____

State Certificate/Registration Number: _____

Employer's Identification Number: _____ Sales Tax # _____

Opening date of Business in this City: _____ If Merchant, state opening inventory: \$ _____

Seating capacity of Theater, Restaurant, Lounge, Tavern, or Café: _____

List number of electronic gaming or coin operated machines on premises: _____

Owner Name/Corporate Officer and Title: _____

Home address: _____

Phone: _____ Email Address: _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE ISSUANCE OF A CITY OF PALATKA OCCUPATIONAL LICENSE DOES NOT EXEMPT ME FROM ANY OTHER APPLICABLE LAWS, INCLUDING COUNTY OR STATE LICENSING, ZONING OR PERMITTING REQUIREMENTS. I FURTHER UNDERSTAND THAT A CITY OF PALATKA LICENSE REPRESENTS PROOF OF PAYMENT FOR THE LICENSE AND IS NOT TO BE USED TO REPRESENT ANY LEVEL OF QUALIFICATION, CERTIFICATION, TRADE OR PROFESSIONAL EXPERTISE TO THE PUBLIC.

Applicant Signature: _____ Title: _____

Fictitious Names Requirement: If your business will use any name other than the owner's legal name, or if a corporation will use a name other than its legal corporate name, a fictitious name (also referred to as a D/B/A) MUST be registered with the state. Forms and additional information are available from the Florida Department of State, Fictitious Name Registration, P.O. Box 6327, Tallahassee, FL 32314. (850) 245-6058, www.sunbiz.org.

FOR OFFICE USE ONLY

Current Zoning: _____ Allowable use: Yes _____ No _____ Approved by: _____

Required Inspections: Fire Marshal _____