

TOWN OF LAKE PARK
535 Park Avenue
Lake Park, Florida 33403
Phone (561) 881-3318
Fax (561) 881-3323



Business Tax

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

It shall be unlawful for any person to engage in any trade, business, profession or occupation within the Town without a business tax receipt. A business tax receipt must be obtained from the Town within 30 days of the opening of establishment of the business, profession or occupation in the Town.

Date _____ Business Address _____

New Business Ownership Transfer and/or Name Change Location Transfer Additional Business

Name of Business _____
Name of Business Owner/Corp President or Agent/Managing Partner _____

Business Address/Location _____

Mailing Address: _____

Business Telephone No. _____ Fax No. _____

Name of Property Owner _____ Telephone No. _____

Address of Property Owner _____

Federal I.D. No. _____ (preferred) or S.S. No _____

Corporation Partnership Fictitious Name Other: _____

IF A CORPORATION:

Name of Registered Agent _____ Telephone _____

Address of Registered Agent _____

State of Incorporation _____

State or Professional License: _____ Attach a copy.

TYPE OF BUSINESS: _____

Explain Operation in detail _____

Sales Tax No. _____ Number of Employees _____

Is this an accessory use to another business: Yes () No ()

COMPLETE THE INVENTORY AFFIDAVIT (see attached)

**FOR OFFICIAL USE ONLY
TO BE COMPLETE BY BUSINESS TAX STAFF**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Documents needed to complete Local Business Tax Receipt:

- ___ Copy of Newspaper Publication for Fictitious Name (if applicable)
- ___ Copy of Fictitious Name Registration or proof of exemption
(for exemption attach written explanation)
- ___ Copy of State of Florida Professional or Business License (if applicable)
- ___ Copy of Palm Beach County Local Business Tax Receipt
- ___ Inspection Sheet (signed off by Fire & Building inspectors)
- ___ Inventory Affidavit

Business classifications:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Business Tax Fee \$ _____ Full Year () ½ Year ()

Total Due \$ _____

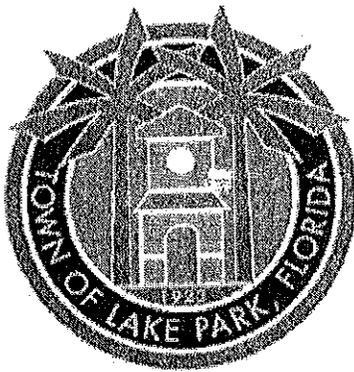
AFFIDAVIT

I, _____ affirm that the above information is true and correct to the best of my knowledge. If my Business Tax Receipt is based on stock of merchandise, I authorize the Town of Lake Park Tax Collector or designated officer to audit my business inventory to verify the value of the stock of merchandise. I further affirm that I will report any changes of organization or operation of this business by completing a new application. I understand that it is unlawful for any person to engage in any trade, business, profession or occupation within the Town without a business tax receipt. I further acknowledge that a business tax receipt must be obtained from the Town within 30 days of the opening of establishment of the business, profession or occupation in the Town.

Signature of Applicant

Date

Title of Applicant



LOCAL BUSINESS TAX RECEIPT
INVENTORY AFFIDAVIT

Date: _____

As () owner or () agent of _____ I certify that the value of the inventory of merchandise for this business at the end of the PRIOR calendar year and reported to the Internal Revenue Service was:

\$ _____

-- OR -- If the business was started after December 31, of the previous year, the estimated inventory value 60 days after the business started, is expected to be:

\$ _____

Signature

Printed or Typed Name

THIS AFFIDAVIT MUST BE NOTARIZED.

The foregoing instrument was acknowledged before me this _____ day of _____
date month

by _____ who is personally known
name of person acknowledging

to me or who has produced _____ as identification.
type of identification

_____, Notary Public
signature of Notary Public

STATE OF _____ (Seal)
State where notarized