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

Business Tax Receipt

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.

Application Date _____ **Business Address** _____
Opening Date of Business (*even if in the past*) – **REQUIRED :** _____

( ) New Business ( ) Ownership Transfer And/or Name Change ( ) Location Transfer ( ) Additional Business

Name of Business _____
Name of Business Owner/Corporation President or Agent/Managing Partner
_____
E-Mail Address _____ **Website Address** _____
Mailing Address _____
Business Telephone _____ **Fax** _____

Property Owner _____ **Telephone** _____
Address of Property Owner _____
Property Owner E-Mail Address _____

IF A CORPORATION:
Name of Registered Agent _____ **Telephone** _____
Address of Registered Agent _____
State of Incorporation _____
State or Professional License _____ **Please attach copy**

Federal Identification Number _____ (*preferred*) **or S.S. No** _____

( ) Corporation ( ) Partnership ( ) Fictitious Name ( ) Other: _____

Sales Tax No. _____ **Number of Employees** _____

Is this business an Accessory Use to another business? ( ) Yes ( ) No ( )

TYPE OF BUSINESS: _____

Explain Business Operation in Detail _____
_____
_____
_____
_____

PLEASE COMPLETE THE ATTACHED AFFIDAVITS

FOR OFFICIAL USE ONLY
TO BE COMPLETED BY STAFF

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Documents needed to complete Local Business Tax Receipt:

___ Copy of Fictitious Name Registration or proof of exemption
___ Copy of Articles of Incorporation
___ Copy of State of Florida Professional or Business License (if applicable)
___ Copy of Palm Beach County Business Tax Receipt
___ Inventory Affidavit

Business Tax Receipt Classifications:

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

Business Tax Receipt 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 Business Tax Receipt Application. I understand that is unlawful for any person to engage in any trade, business, profession or occupation within the Town without obtaining 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 within 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 31st of the previous year, the estimated inventory value 60 days after the business started, is expected to be:

$_____.

_____
Business Owner Signature

_____
Print Business Owner Name

THIS AFFIDAVIT MUST BE NOTARIZED.

The foregoing instrument was acknowledged before me on this _____ day of _____ 20 ___, by _____ who is
Name of person acknowledging
personally known to me or who has produced _____ as
Type of identification
identification.

_____, Notary Public
Signature of Notary Public

STATE OF _____ (Notary Seal)

The Town of Lake Park
Community Development Department

WINDOW SIGNAGE

Pursuant to the NEW Town Code Section 70-103(5)(e):

- A PERMIT IS REQUIRED FOR ALL WINDOW SIGNAGE LOCATED ON OR WITHIN 15 FEET OF THE INTERIOR OF A BUILDING GLASS

- CONTENT: Business name, logo, address, telephone number , hours, open or closed, credit cards or a similar message that provides the customer with information about the business's operation and messages regarding goods and services for sale

- TYPE: Includes plastic signs, signs made of vinyl letters, painted or neon signs (interior illuminated or exposed unshielded light source). Stand alone lettering is discouraged. Paper, cardboard and hand-written signs are prohibited. Maximum of ONE Neon sign per business, with the exception of convenience stores that may have up to four "logo" neon signs that meet the allowable square footage (*with the exception of the Park Avenue Downtown District-PADD, where ONE Neon Sign per business still applies*).

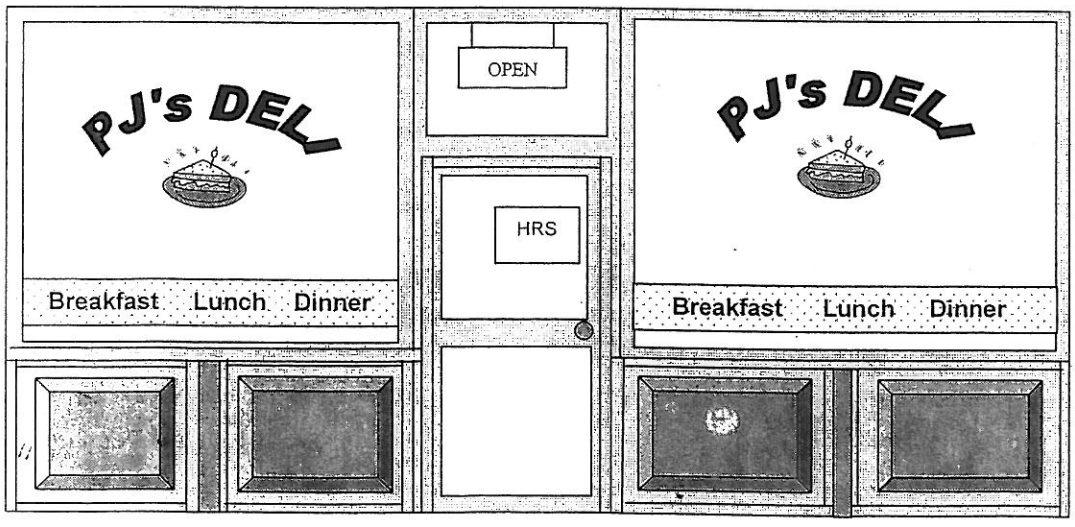
- LOCATION: Can be painted, attached, or projected upon or within the exterior or interior of a building glass area, including doors. **An organized arrangement will be encouraged.**

- HEIGHT & SIZE: Maximum size is 25% of the glass area to which it is attached. Square footage will be added to other allowable business sign square footage. *The only exception is for properties located along Northlake Boulevard, whose size limit is the* ***lesser*** *of 20% of the glass area or 100 square feet.*

- TIME LIMIT: Permanent until modified, at which time a new permit is required.

- FEE: $50 per application

ALL APPLICATIONS ARE SUBJECT TO THEIR OWN REVIEW AND APPROVAL.



Typical Store Front Window Sign Plan

For further info please contact:

Town of Lake Park
Community
Development
Department
535 Park Avenue
Lake Park, Fl 33403

561-881-3318