



TOWN OF LAKE PARK

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

APPLICATION FOR HOME BUSINESS TAX RECEIPT

APPLICANT HAS 30 DAYS AFTER ZONING APPROVAL TO COMPLETE PROCESS, OR YOU WILL BE REQUIRED TO RE-SUBMIT THE APPLICATION.

Date: _____

Name of Business _____

Name of Applicant _____

Address (location of home occupation) _____

Federal Employer Identification Number _____ or Social Security # _____

Telephone Number _____ Fax No. _____

Applicant's interest in property: Own () Rent () Other ()

Name of Property Owner _____

Address of Property Owner _____

TYPE OF BUSINESS OPERATING FROM HOME:

Explain in detail the type of business: _____

Reason for request: _____

Total Square footage of dwelling: _____ Location of area to be used for home occupation in dwelling

(i.e. den) _____

Will other residents of the dwelling be employed Yes () No ()

If so, indicate number and relationship _____

Type of equipment and material to be used: _____

FOR OFFICIAL USE ONLY

Business Name: _____

Home Address: _____

Business category:

Business Tax Fee \$ _____

Total Due \$ _____

Full Year () ½ Year ()