



P.O. Box 98 • 230 N. Tubb Street • Oakland, FL 34760 • 407.656.1117 x 11 (voice) • 407-656-2940 (fax)

APPLICATION FOR LOCAL BUSINESS TAX

PLEASE COMPLETE THIS FORM AND ATTACH ALL APPROPRIATE REQUIREMENTS. APPLICANT MAY HAND WRITE OR TYPE THIS APPLICATION.

CHECK ONE:

- _____ New Business to Oakland
_____ Address Change – Former Address _____
_____ Business Name Change – Former Name _____

BUSINESS NAME: _____

PHYSICAL LOCATION OF BUSINESS: _____

MAILING ADDRESS OF BUSINESS: _____

BUSINESS PHONE _____ BUSINESS FAX: _____

BUSINESS OWNER(S) NAME OR CORPORATION NAME: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

SOCIAL SECURITY OR FEDERAL ID #: _____ DRIVER'S LICENSE #: _____

HOME ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

BUSINESS MANAGER'S NAME: (IF APPLICABLE) _____

BUSINESS MANAGER'S ADDRESS: _____

BUSINESS MANAGER'S PHONE: _____ MOBILE PHONE: _____

BUILDING OWNER'S NAME: (IF RENTING): _____

BUILDING OWNER'S ADDRESS: _____

BUILDING OWNER'S PHONE: _____ MOBILE PHONE: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY – SHOULD HAVE KEY TO OFFICE

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

MOBILE PHONE: _____ MOBILE PHONE: _____

ADDRESS WHERE LICENSE AND/OR CORRESPONDENCE SHOULD BE MAILED:

TYPE OF BUSINESS OR OCCUPATION: _____

of Employees: _____ COPIES OF ALL APPLICABLE BUSINESS LICENSES: _____ YES _____ NO

FOR COMMERCIAL BUSINESSES PLEASE PROVIDE THE APPLICABLE INFORMATION

- A. Beauty/Barber/Nail/Tan Salons: # of Units _____
- B. Merchants, Wholesale/Retail: Estimated value of Inventory \$ _____
- C. Mini-Warehouses: Total Square Footage _____ Sq.Ft.
- D. Mobile Home Parks/Motels/Apartments: # of Units _____
- E. Restaurants: # of Seats _____
- F. Vending Machines (Candy/Soda/Cig./Etc.) # of Units _____
- G. Signage: # of Signs up to 15 Square Feet in size _____
of Signs over 15 Square Feet in size _____

(SEPARATE BUILDING PERMIT REQUIRED BEFORE CHANGING/ADDING ANY TYPE OF SIGNAGE FOR YOUR BUSINESS)

TYPE OF ALARM SYSTEM: Silent Intrusion: _____ Silent Robbery _____

(IF APPLICABLE) Audible Intrusion: _____ Other: _____

Alarm Company Name: _____

Phone #: _____ Does alarm reset? _____ No _____ Yes

If yes, how long after sounding?: _____

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN IN THIS APPLICATION MAY BE SUFFICIENT CAUSE TO HAVE THIS LICENSE REVOKED. ISSUANCE OF THIS LICENSE DOES NOT AFFECT THE STATE OF FLORIDA OR COUNTY OF ORANGE REQUIREMENTS FOR SEPARATE OR SPECIAL LICENSES. I ALSO CERTIFY THAT I HAVE RECEIVED AND UNDERSTAND THE RULES AND REGULATIONS FOR A HOME OCCUPATIONAL LICENSE. Initial _____

IT IS FURTHER UNDERSTOOD THAT THIS LICENSE IS FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS, PROFESSION, OR OCCUPATION SHOWN AND ONLY AT THE LOCATION SHOWN HEREON AND THAT I WILL COMPLY WITH THE CODE OF THE TOWN OF OAKLAND. FAILURE TO CORRECT CONDITIONS ON THE PREMISES THAT ARE IN VIOLATION OF THE TOWN CODE OR TO NOTIFY THE TOWN CLERK OF ANY CHANGE WILL RESULT IN REVOCATION OF SAID LICENSE. Initial _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY:

ZONING AND USE APPROVAL BY PLANNER _____ *approved* _____ *denied*

LOCAL BUSINESS TAX CLASSIFICATION NUMBER(S): _____

SPECIAL REQUIREMENTS: _____

COMMENTS: _____

APPROVED BY: _____ **DATE:** _____ **FEE: \$** _____