

**CITY OF SANFORD  
BUSINESS TAX APPLICATION**

**Physical address:** 300 N. Park Avenue  
Sanford, FL 32771

**Mailing Address:** P. O. Box 1788  
Sanford, FL 32772-1788

Fax: 407.688.5152

Tel: 407.688.5057

Email: [licensing@sanfordfl.gov](mailto:licensing@sanfordfl.gov)

Transfer of <input type="checkbox"/> Name <input type="checkbox"/> Location <input type="checkbox"/> Ownership	
Transferred from:	Control #

1. Business Name: \_\_\_\_\_ Email: \_\_\_\_\_
2. Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Type Fax  Corporate  Cell
5. Federal Employer ID: \_\_\_\_\_ 6. Date Business Opened at this location: \_\_\_\_\_
7. Additional Requirements: (Attach Copy) State License # \_\_\_\_\_
8. Describe Type of Business or Profession at this location: \_\_\_\_\_

9. Will this business be engaged in any Adult Entertainment Activity as defined in the Sanford City Code?  YES  NO  
If Yes, Please Explain: \_\_\_\_\_

10. Will this business sell or serve Alcoholic Beverages?  Yes  No If yes, attach a copy of the State License.

11. Please complete applicable information:

12. (a) How many employees: \_\_\_\_\_ (b) Number of commercial/service vehicles: \_\_\_\_\_

**Convenience Stores:** Number of gas pumps \_\_\_\_\_ Number of operated machines \_\_\_\_\_ ATM machine  Yes  No  
Number of vending machines \_\_\_\_\_ Number of Air/Vacuum Machines \_\_\_\_\_ Hot foods sold? \_\_\_\_\_

**Apartments - Rooming Houses - Motels:** Number Apartments/Rooms \_\_\_\_\_ Laundry facilities on site?  Yes  No  
Number of washers & dryers: \_\_\_\_\_ Number of vending machines: \_\_\_\_\_ Carwash on site?  Yes  No

**Restaurants:** Number of Seats: \_\_\_\_\_ Number of Coin Operated Machines: \_\_\_\_\_ Do you have WIFI?  Yes  No  
Will you have entertainment/DJ's/bands?  Yes  No Do you sell merchandise?  Yes  No If yes see item #12

**Salons/Barber shops** – Number of Stations/Procedure Rooms: \_\_\_\_\_ Number of Tanning Beds: \_\_\_\_\_

**Laundromats** – Number of washers: \_\_\_\_\_ Number of dryers \_\_\_\_\_ Number of vending machines \_\_\_\_\_

13. Cash Value of the Inventory Stock for Retail/Wholesale Commercial Business \$ \_\_\_\_\_

14. Square Footage of Building for Commercial Use: \_\_\_\_\_

**Ownership Information – Complete ownership information on back of application.**

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Tax Receipt	Classification Type	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Control # \_\_\_\_\_

Intake Technician \_\_\_\_\_

**OWNERSHIP INFORMATION**

*Legal Authority: Florida Statute 205.0535(5) – No Business Tax Receipt shall be issued unless the Federal Employer Identification number or the Social Security number is obtained from the person(s) to be taxed.*

**Sole Owner Only**

Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Driver’s License Number \_\_\_\_\_

**Corporation/LLC/LP/P.A.**

Corporate Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Federal ID Number \_\_\_\_\_ Phone \_\_\_\_\_

**Partners/Co-Owners/Corporate Officers** (Please attach additional sheets if necessary)

Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**CERTIFICATION:** I certify that the foregoing information is true and correct, and understand that providing false or misleading information on this application may result in the denial, or the revocation of any tax receipts issued by the City of Sanford which were based upon information provided in this application. Violation(s) of the Code of Ordinances of the City of Sanford may result in suspension and operate as grounds for denial of renewal of any tax receipt issued by the City until the violation(s) is resolved to the satisfaction of the City. I understand that if there are any subsequent changes in the operation of my business as stated in this application, I agree to file the necessary application and seek prior approval from the City of Sanford for such changes. Businesses located in the City of Sanford are also required to be compliant with the mandates of the Seminole County Tax Collector.

\_\_\_\_\_  
Signature of Owner/Officer                      Date                      Print Name of Owner/Officer

**Zoning Approval Required**     YES     NO

Zoning of Property \_\_\_\_\_ Approved for Requested Use \_\_\_\_\_  
Comments \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_