

**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: 407.688.5150

Email: building@sanfordfl.gov

Check the following that applies: Commercial Home Based Business
 Transfer of Name Location Ownership
 Transferred from: _____ Control # _____

1. Business Name: _____

2. Business Address: _____

3. Business Mailing Address: _____

4. Business Phone: _____ Other Phone: _____

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) How many vehicles: _____

Convenience Stores: How many gas pumps _____ How many coin operated machines _____
 How many vending machines _____ Number of ATM machines _____

Apartments – Rooming Houses: How many Apartments/Rooms _____

Restaurants – How many Seats _____ How Many Coin Operated Machines _____
 Do you sell merchandise? Yes No If yes see item #12
 Will you have entertainment/DJ's/bands? Yes No Do you have WIFI? Yes No

Salons – How Many Stations/Procedure Rooms _____ How Many Tanning Beds _____

Laundromats – How many washers _____ How many dryers _____ How many vending machines _____

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

14. Square Footage of Building for Commercial Use: _____

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

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

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

Control # _____ Location ID # _____ 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 _____