

Bob McKee, Lake County Tax Collector

P.O. Box 327, Tavares, Florida 32778-0327

(352) 343-9622 www.laketax.com

2008-2009 BUSINESS TAX RECEIPT TRANSFER

Date Issued: ____/____/____

Receipt No: _____

PLEASE REMIT THE TRANSFER FEE \$ _____

NOTE: Professional registrants must provide a copy of the State License renewal card.

Registration is hereby made for a BUSINESS TAX RECEIPT for engaging in a business, profession, or occupation as required by Lake County Ordinance. It is a misdemeanor to do business without a Business Tax Receipt.

The provision of this Ordinance may be enforced by the Lake County Code Enforcement Board as provided by Florida Statute Chapter 162 (1985). Violators may be subject to a fine not to exceed \$250 for each day the violation continues past the date set for compliance.

Business Name _____

Physical Address of Business _____ City/Zip _____

Is this location within city limits? ____ Yes ____ No. If yes, list City _____

Federal Identification or Social Security Number as required by Florida Statute Chapter 205.0535(3)(c)(5) _____

Owner's Name _____

Owner's Address _____

Contact Information

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

E-Mail Address _____

Type of Business, Profession or Occupation _____

Maximum Number of Employees, Include Owner _____

Hotel, Motel & Rooming House – Number of Rental Units _____

(Use Hotel and Restaurant Commission Figures)

Restaurant – Seating Capacity &/or Classification _____

(Use Hotel and Restaurant Commission Classes and Figures)

Merchandise Vending Machines (Soft Drink-Candy-Cookie, etc.)..... No. _____ x \$ 5.00 = \$ _____

Service Machines or Amusement Machines (Pin Ball –Music-Pool Table, etc.)..... No. _____ x \$15.00 = \$ _____

Laundry Equipment Machines (Washer-Dryer-Soap-Bag, etc.)..... No. _____ x \$ 4.50 = \$ _____

Penny Vending Machines (Gum with Trinkets, Weight Scales, etc.)..... No. _____ x \$ 1.00 = \$ _____

Coin Operated Radio, TV or Vibrating Mattresses..... \$21.00 plus No. _____ x \$.60 = \$ _____

Number of Game, Amusement, Recreational, Service Devices Not Coin Operated..... No. _____ x \$15.00 = \$ _____

• **Total coin operated machines at this business location**

*Department of Professional Regulation License Number (if applicable) _____

I certify that the foregoing information relating to this registration for Lake County Business Tax is true and correct to the best of my knowledge and belief. I agree I must comply with state and local ordinances, including zoning and the Florida Building Code.

I have received a copy of the "TANGIBLE PERSONAL PROPERTY TAX INFORMATION SHEET" and understand that I am required to file a TANGIBLE TAX RETURN with the Lake County Property Appraiser.

Make checks payable to: **Bob McKee, Tax Collector**

Name of Registrant (Type or Print) _____ Title _____

(MUST BE OWNER OR OFFICER)

(Owner, Pres., Sec., etc.)

Signature of Registrant _____