



**Bob McKee**  
Lake County Tax Collector  
PO Box 327  
Tavares, FL 32778-0327

[www.laketax.com](http://www.laketax.com)

352-343-9602

**BUSINESS TAX RECEIPT TRANSFER**  
**Business Registration Form**

*All Business Tax Receipts may be transferred to a new owner upon payment of a transfer fee, presentation of the original receipt and evidence of the sale.*

\_\_\_\_\_  
**Business Name** (as it is to appear on receipt)

\_\_\_\_\_  
**Mailing Address**-(if different from physical address)

\_\_\_\_\_  
**Physical Address of Business**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**City, State, Zip Code**

**OR**

\_\_\_\_\_  
**Federal Employer Identification Number** \*(Required by s. 205.0535(5), F.S.)      **Social Security Number**

\_\_\_\_\_  
**Business Phone #**

\_\_\_\_\_  
**Alternate Phone #**

\_\_\_\_\_  
**Primary function of new business**

**OWNER(S) INFORMATION**

\_\_\_\_\_  
**Individual's Name OR Business Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Fax #**

\_\_\_\_\_  
**Contact Name and Number (for questions regarding registration form)**

**GENERAL INFORMATION**

**Is business located within Lake County?**      \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No.**

**Is business located within city limits?**      \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No.**      **If "Yes", registrant may be required to purchase city's Business Tax Receipt. Please contact specific city for information.**

\* A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

**Is any business activity regulated by any state and/or federal agency (agencies)?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If "Yes", please provide a copy of all license(s), registration(s) or certification(s)**

**Has business owner registered in the past with this office for a Business Tax Receipt?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No **If "Yes", provide the following information used for previous business:**

\_\_\_\_\_  
**Business Name** \_\_\_\_\_  
**Account Number or Receipt Number (if available)**

**Maximum number of employees, including business owner or officers:** \_\_\_\_\_

**Hotel, Motel and Public Lodging Establishment – Number of rooms:** \_\_\_\_\_  
*(Lake County Ordinance No. 2007-1, Sec. 13-102 requires room count to be same as used by the Department of Business and Professional Regulation, Division of Hotels and Restaurants)*

**Cafes, Restaurants and other eating establishments – Number of seats:** \_\_\_\_\_  
*(Lake County Ordinance No. 2007-1, Sec. 13-106 requires seating capacity to be same as used by the Department of Business and Professional Regulation, Division of Hotels and Restaurants)*

**Vending Machines-Number of Machines**  
**Merchandise Vending Machines (soft drinks, candy, cookies, etc.)** \_\_\_\_\_  
**Service Vending Machines (copier, coin counting, pool table, music)** \_\_\_\_\_  
**Laundry Equipment Machines (washer, dryer, soap, bleach, etc.)** \_\_\_\_\_  
**Coin-operated Machines (Radio, TV, Vibrating Mattresses)** \_\_\_\_\_

**OATH**

**After reviewing the information I provided above, and under penalty of perjury, I declare that the information is true and accurate.**

**I acknowledge that a Business Tax Receipt issued pursuant to this registration does not waive my responsibility to adhere to any city or county ordinance, zoning, and/or regulation; any state statute and/or state regulation; or, any federal regulation applicable to my business.**

**I acknowledge that prior to conducting any business, it would be in my best interest to verify with the city/county zoning department that the real estate parcel upon which my business is located is properly zoned for my intended business activity, and failure to do so could, at some point, result in fines, penalties, etc.**

*I have read or received the Lake County Information Guide for New Business Owners.*

\_\_\_\_\_  
**Signature of Owner, Designee or Officer** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Title**

**FOR OFFICE USE:**

**Account Number Assigned:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_  
*(Print or Type)*