City of Fruitland Park
506 W. Berckman St.
Fruitland Park, FL 34731
Tel. 352-360-6727
www.fruitlandpark.org

BUSINESS TAX APPLICATION

PLEASE CHOOSE ONE:

☐ **NEW** ☐ **CHANGE OF LOCATION** ☐ **CHANGE OF OWNER**

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS NAME: _____

BUSINESS MAILING ADDRESS: _____

NAME OF OWNER(S) OR PRINCIPAL SHARE HOLDER(S): _____

EMAIL ADDRESS OF MAIN CONTANCT PERSON: _____

PHONE NUMBER: _____ BUSINESS PHONE NUMBER: _____

DESCRIPTION OF SUBJECT PROPERTY

IS YOUR PLACE OF BUSINESS: ☐ OWNED ☐ LEASED ☐ CONTRACT TO PURCHASE ☐ OTHER _____

******IF RENTAL OR LEASE: APPLICANT MUST PROVIDE NOTARIZED AUTHORIZATION FROM PROPERTY OWNER.**

NUMBER OF EMPLOYESS:_____ SQUARE FOOTAGE OF BUSINESS: _____

DATE BUSINESS STARTED AT THE ADDRESS: _____ TYPE OF BUSINES: _____

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE: _____

SHOPPING CENTER NAME, IF APPLICABLE: _____

IF RESTAURANT: NUMBER OF SEATS _____

NUMBER OF PARKING SPACES FOR YOUR BUSINESS (REQUIRED): _____

ARE THERE ANY PROPOSED RENOVATION/ADDITIONS TO THE EXISTING STRUCTURES: ☐ YES ☐ NO

IF YES, EXPLAIN: _____

DO YOU PLAN TO PLACE A SIGN ON THE PROPERTY OR IS THERE AN EXISTING SIGN WHICH YOU PLAN TO MODIFY: ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE: _____

_____

_____

_____

ADDITIONAL REQUIREMENTS:

ATTACH COPIES OF ANY STATE OR COUNTY LICENSE HELD AND PROOF OF FICTITIOUS NAME OR CORPORATION REGISTRATION FROM SUNBIZ.ORG

ELIGIBLE FOR EXEMPTION ☐ YES ☐ NO REASON_____
STATE CERTIFICATION #_____ EXPIRATION_____
STATE REGISTRATION # _____ EXPIRATION_____
STATE EXEMPTION CERTIFICATE #_____
HEALTH DEPARTMENT CERTIFICATE # _____
FEDERAL EIN NUMBER OR SSN (Required): _____

OATH

Under penalty of perjury, I certify that all the information contained herein to the best of my knowledge is true, accurate, and correct. If any portion is found to be false, such fact may be just cause for immediate revocation by the city manager of any license or business tax receipt issued. It is further understood that I must comply with the codes of the City of Fruitland Park and failure to correct conditions which are in violation are punishable under the code or sufficient cause for revocation of my business tax receipt.

Prior to conducting any business or installing any sign, I hereby agree to verify with the City of Fruitland Park's Community Development Department that the parcel upon which my business is located is properly zoned for my intended business activity and that inspections, conducted by the city's certified fire inspector, will be carried out. Failure to comply may result in Code Enforcement action including fines and penalties as prescribed by law.

I have received, read and understood the City of Fruitland Park's Business Tax Application Requirement Guide and Checklist for local business tax receipts.

SIGNATURE OF OWNER/APPLICANT:_____

DATE SIGNED:_____ **TITLE:**_____

State of Florida
County of Lake
The foregoing instrument was acknowledged before me this day _____ of, _____, 20____
by_____ who is personally known to me or has produced as identification
_____ and who did or did not take an oath.

_____
Notary Public Signature **(Seal)**

COMMUNITY DEVELOPMENT & BUILDING DEPARTMENT
506 W. BERCKMAN STREET
FRUITLAND PARK, FL 34731
PHONE: (352) 360-6727
FAX: (352) 360-6652
Email: permits@fruitlandpark.org

LANDLORD-TENANT BUSINESS OPERATING AGREEMENT

Leased Commercial Property

I, _____, as business owner or authorized representative of the business identified below (the "**Business**"), will be applying for a local Business Tax Receipt to operate the Business at the address listed below (the "**Property**"):

ADDRESS: _____, Fruitland Park, Florida.

BUSINESS NAME: _____

LANDLORD NAME: _____

I, _____, hereby bind the Business to the following conditions under this Landlord-Tenant Business Operating Agreement (this "**Agreement**") in connection with the operation of a commercial business at the above-referenced location:

1. The Business shall comply with all applicable federal, state, and local laws, ordinances, and regulations, including all zoning and land use requirements for the Property;
2. Any and all signage shall comply with the City of Fruitland Park sign regulations;
3. The Business shall obtain and maintain all licenses, permits, and approvals required by applicable law for its operations at the Property;
4. The Business's operations shall not create unreasonable noise, light, dust, or environmental impacts beyond what is customary for the approved use of the Property;
5. All vehicles, trailers, equipment, and materials associated with the Business shall be stored on the Property in compliance with applicable zoning and code requirements;
6. The storage of hazardous materials on the Property is prohibited except in strict compliance with all applicable environmental laws and regulations;
7. The Business shall maintain the Property in a clean, orderly, and safe condition consistent with its approved use; and
8. The Business shall be subject to State and Local Sales Tax.

By executing this Agreement, Landlord, as owner of the Property, hereby authorize the Business, as Tenant under that certain Lease Agreement with a current expiration date of _____, to operate a commercial business at the above-referenced address.

LANDLORD-TENANT BUSINESS OPERATING AGREEMENT

Signature Page

The undersigned represent and warrant that they are duly authorized to execute this Agreement on behalf of the respective parties identified below.

LANDLORD/PROPERTY OWNER:

_____

Entity Name

By: _____

Name: _____

Title: _____

TENANT/BUSINESS:

_____

Entity Name

By: _____

Name: _____

Title: _____

LANDLORD-TENANT BUSINESS OPERATING AGREEMENT

Notary Acknowledgment

State of Florida
County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____, by _____, who is:

☐ personally known to me

☐ who has produced _____ as identification.

_____
Signature of Notary Public

_____
Printed Name of Notary (as commissioned)

My Commission Expires: _____

Commission Number: _____

[Notary Seal]