

CITY OF PALATKA BUILDING AND ZONING
201 NORTH 2ND STREET
PALATKA, FL 32177
Phone (386) 329-0103 Fax (386) 329-0172

BUSINESS TAX RECEIPT APPLICATION PROCESS

STEP ONE

Complete the application by providing all requested information. If you plan to use coin-operated machines, provide the type and number of machines on the application. Proof of property ownership must accompany the application in either of the following forms:

1. a recorded deed in the applicant's name
2. a fully executed lease agreement in the applicant's name, or
3. a notarized letter from the property owner granting the applicant permission to use the property.

STEP TWO

Submit your completed business tax receipt application, \$25.00 registration fee, a copy of your photo ID (or that of a named officer of the Company or Corporation), and copies of any State regulated Certifications, Registrations or Licenses, as well as, proof of ownership (as described above) to: City of Palatka Building & Zoning; 201 North 2nd Street, Palatka, FL 32177 or bring the completed package to 205 N 2nd Street, Palatka, FL for processing.

STEP THREE

After submitting your completed application along with the registration fee, a building and fire safety inspections must be scheduled by calling (386) 329-0103 for compliance with applicable fire, building and accessibility codes. The application will be reviewed and processed. Please check with the Building & Zoning Department at (386) 329-0103 to determine if a permit is required before making any improvements or repairs. Signage including the re-facing of existing signs will require a permit.

STEP FOUR

After the Building Inspector and Fire Marshal have approved your structure, you will be contacted and advised of fees due. No business shall commence until this review process is complete.

City of Palatka
Registration/Business Tax Receipt Application

This application must be **typed or printed in ink** and submitted to:
 City of Palatka Building & Zoning, 201 N 2nd St., Palatka, FL 32177 (PH 386-329-0103, FAX 386-329-0172)

Check One: New Business Transfer Ownership Transfer Location Name Change

Type of Ownership: Corporation Partnership Sole Proprietor Other

APPLICATION IS HEREBY MADE FOR AN OCCUPATIONAL LICENSE FOR THE PURPOSE OF ENGAGING IN BUSINESS, PROFESSION OR OCCUPATIONS DESCRIBED BELOW:

Business Name: _____	Business Phone: _____
DBA (Doing Business As): _____	Home Phone: _____
Business Address: _____	
Mailing Address: _____	
Type of Business: _____	
State Certificate/Registration Number where required: _____ <small>(Accounting, Acupuncture, Architecture, Barbers, Chiropractic, Construction Industry, Cosmetology, Dentistry, Dispensing Opticians, Medical Examiners, Professional Engineer, Landscape Architecture, Funeral Directors and Embalmers, Massage Therapy, Hearing Aids, Nursing Home Administrators, Nursing, Optometry, Pharmacy, Psychology Group, Real Estate, Veterinary Medicine, or any other registrations or certifications required).</small>	
Employer's Identification Number: _____	Sales Tax # _____
Opening date of Business in this City: _____	If Merchant, state opening inventory \$ _____
Seating capacity of Theater, Restaurant, Lounge, Tavern or Café: _____	Dancing (Where Allowed) Yes _____ No _____
List number/type of coin operated vending machines on premises: _____	
Owner Name/Corporate Officer and Title: _____	
Home address: _____ _____	
Email Address: _____	
Phone: _____	D.O.B.: _____
Attach a copy of Photo I.D.	

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE ISSUANCE OF A CITY OF PALATKA OCCUPATIONAL LICENSE DOES NOT EXEMPT ME FROM ANY OTHER APPLICABLE LAWS, INCLUDING COUNTY OR STATE LICENSING, ZONING OR PERMITTING REQUIREMENTS. I FURTHER UNDERSTAND THAT A CITY OF PALATKA LICENSE REPRESENTS PROOF OF PAYMENT FOR THE LICENSE AND IS NOT TO BE USED TO REPRESENT ANY LEVEL OF QUALIFICATION, CERTIFICATION, TRADE OR PROFESSIONAL EXPERTISE TO THE PUBLIC.

Applicant Signature: _____ **Title:** _____
Fictitious Names Requirement: If your business will use any name other than the owner's legal name, or if a corporation will use a name other than its legal corporate name, a fictitious name (also referred to as a D/B/A) **MUST** be registered with the state. Forms and additional information are available from the Florida Department of State, Fictitious Name Registration, P.O. Box 6327, Tallahassee, FL 32314. (850) 245-6058, www.sunbiz.org.

FOR OFFICE USE ONLY		
Current Zoning	Allowable use: Yes _____ No _____	Approved by: _____
Required Inspections: Fire Marshal _____ BZ _____ Active Water Acct: _____		