



PLANNING DEPARTMENT  
201 N 2<sup>ND</sup> STREET  
PALATKA, FL 32177  
(386) 329-0100 Ext. 327

# BUSINESS TAX RECEIPT APPLICATION

City Code: \_\_\_\_\_

## BUSINESS TAX RECEIPT APPLICATION PROCESS

**No business shall commence until this review process is complete, per section 78-162 (b), of the Palatka Code of Ordinance's.**

### **STEP ONE: GATHER INFORMATION**

- **Per section 78-162:** Complete the Business Tax Receipt application and provide **ALL** requested information. The annual fee will be calculated **after** the building & fire safety inspection is completed. This is also required for all business tax receipt annual renewals.
- **Per section 78-163 & 78-165:** Proof of property and/or business ownership must accompany the application in either of the following forms: a recorded deed in the applicant's name, a fully executed lease agreement in the applicant's name, or a notarized letter from the property owner granting the applicant permission to use the property. For business ownership, an executed sale contract and/or Articles of Incorporation from the State of Florida must be supplied. For business transfers, a notarized letter from previous business owner agreeing to the transfer.
- If you plan to use electronic gaming and/or coin-operated machines, provide the type and number of machines on the application. For electronic gaming establishments, provide copies of all reports submitted to State of Florida, including machine inventory.
- Check with the Putnam County Planning Department at 386-329-0100 to determine if a permit is required before making any improvements or repairs.
- ALL Signage, including the re-facing of existing signs requires a permit.
- Changes in use or occupancy may require drawings provided by a design professional. An applicant may request a brief meeting with staff using [firesafetyinspections@palatka-fl.gov](mailto:firesafetyinspections@palatka-fl.gov).
- Changing a business location requires a new Business Tax Receipt application.
- Transfers of a business requires notification and a notarized letter of approval from the previous business owner to the new business owner.

### **STEP TWO: SUBMIT**

Submit the following documents to the City of Palatka Planning Department.

201 North 2<sup>nd</sup> Street, Palatka, FL 32177 or [building-zoning@palatka-fl.gov](mailto:building-zoning@palatka-fl.gov)

1. Completed Business Tax Receipt Application.
2. Copy of your photo ID (or that of a named officer of the Company or Corporation).
3. Copies of State regulated Certifications, Registrations, Licenses or State required inventory, and/or Sunbiz registration.
4. Copy of lease or deed showing ownership of property (see instructions).
5. Completed Fire and Safety Inspection.

To schedule a Fire Safety Inspection, call 386-983-1666 or email [firesafetyinspections@palatka-fl.gov](mailto:firesafetyinspections@palatka-fl.gov) , for compliance with applicable fire, building and accessibility codes. Once you pass the inspection, your application will move to step three. **Inspection fee: \$50 per hour (1 hour minimum Initial & Annual)**

### **STEP THREE: STAFF REVIEW**

The completed application will now be reviewed, and we will notify you via email if your application is approved or denied. All fees will be due at this time. (Application, Annual BTR, and Fire Safety Inspection fees)



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This application must be **typed or printed in ink** and submitted to City of Palatka Planning Department, 201 N 2<sup>nd</sup> St., Palatka, FL 32177 or via email at [building-zoning@palatka-fl.gov](mailto:building-zoning@palatka-fl.gov)

Check One: \_\_\_\_\_ New Business \_\_\_\_\_ Transfer Ownership \_\_\_\_\_ Transfer Location \_\_\_\_\_ Name Change \_\_\_\_\_ Renewal

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: \_\_\_\_\_

DBA (Doing Business As): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

State Certificate/Registration Number where required: \_\_\_\_\_

(Such as: Accounting, Architecture, Barbers, Chiropractic, Construction Industry, Cosmetology, Dentistry, Landscape Architecture, Funeral Directors, Massage Therapy, Hearing Aids, Nursing Home Administrators, Optometry, Pharmacy, Real Estate, Veterinary Medicine, or any other registrations or certifications required).

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: \_\_\_\_\_

List number of electronic gaming or coin operated machines on premises: \_\_\_\_\_

Owner Name/Corporate Officer and Title: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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](http://www.sunbiz.org).

### FOR OFFICE USE ONLY

Current Zoning: \_\_\_\_\_ Allowable use: Yes \_\_\_\_\_ No \_\_\_\_\_ Approved by: \_\_\_\_\_

Required Inspections: Fire Marshal \_\_\_\_\_