

# City of Belle Isle - Business Tax License Application

1600 Nela Avenue, Belle Isle, FL 32809 \* Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

**Please note: that all businesses operating within the City of Belle Isle must obtain a Business Tax License BEFORE opening.**

**If you open before your license is issued, you will be charged a penalty of 25% of the license amount.**

**STATE LICENSE MUST BE OBTAINED PRIOR TO CONDUCTING BUSINESS (e.g. Restaurants, Food Service)**

The City of Belle Isle's Code of Ordinance can be found on our website at [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org) or on [municode.com](http://municode.com).

PARCEL ID  Business Name  Business Address  Describe the nature of the business  Business Owner Name	Open Date  Emergency Contact Name  Emergency Phone  Owner Contact Number  Owner Fax Number  Email Address	<b>FEE SCHEDULE</b>  <input type="checkbox"/> \$25.00 Residential Properties; or  <input type="checkbox"/> \$30.00 Commercial Properties (+\$1.00 parking over 10)
<b>Check all that apply:</b> <input type="checkbox"/> New Business <input type="checkbox"/> New Occupation <input type="checkbox"/> Renewal <input type="checkbox"/> Update Info <input type="checkbox"/> Add Classification <input type="checkbox"/> Change Classification  Transfer of: <input type="checkbox"/> Location <input type="checkbox"/> Ownership Transferred from: _____  <b>Check and Attach copies of all items that apply:</b>  <input type="checkbox"/> Fictitious Name Registration <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> State License(s) <input type="checkbox"/> Licensed Professional (DBPR) <input type="checkbox"/> Copy of Lease (Commercial Only) <input type="checkbox"/> Property owner's written permission (If Renting)	<b>Business Tax License Requirements</b> 1. The Business Tax License year is from October 1 <sup>st</sup> through September 30 <sup>th</sup> . A delinquency penalty will be assessed if license is not renewed prior to September 30 <sup>th</sup> . Quarterly rates will apply after December 31 <sup>st</sup> for businesses <u>NEW</u> to the city only. 2. Businesses which require a State License or Health Department approval will have to provide copies of those approvals <u>PRIOR</u> to the issuance of a license. 3. If a Business is incorporated, a copy of the letter from the State of Florida or the Articles of Incorporation must be provided. If a Business is <u>NOT</u> incorporated and uses a name other than their given first and last name, they must file a Fictitious Name Notice with the State of Florida. A copy of the current fictitious name registration, issued by the Division of Corporations of the Department of State, will have to be provided <u>PRIOR</u> to the issuance of a license. 4. To review all licensing requirements, please review our City Code, Chap.28, Art. IV on Municode at: <a href="http://library.municode.com/index.aspx?clientID=19961&amp;stateID=9&amp;statename=Florida">http://library.municode.com/index.aspx?clientID=19961&amp;stateID=9&amp;statename=Florida</a> . 5. An Orange County Business Tax Receipt will have to be obtained <u>AFTER</u> you have been issued the Belle Isle license. They are located at 201 S. Rosalind Avenue, Orlando, FL and can be reached at 407-836-5650.	<b>Certification:</b> I certify that the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any license issued to me. It is further understood that this license is for the privilege of engaging in the business profession or occupation shown and <b>ONLY</b> at the location shown here on and that I will comply with the Codes of the City of Belle Isle. Failure to correct conditions on the premises that are in violation of the City Code or to notify the Business Tax License Office of any change <b>WILL</b> result in revocation of said license. It is further understood that it may take 2 to 3 weeks or more for the City of Belle Isle to process this application. I understand that my business is not to be opened until I have the expressed approval of the City of Belle Isle. Said approval shall <b>ONLY</b> be by 1) Issuance of an Official Business Tax License <b>AND</b> 2) by having paid the required Business Tax License. I understand that opening without approval <u>and</u> having not paid my Business Tax License tax <b>WILL</b> result in an additional 25% penalty as required in Ordinance 04-02.

Has any applicant ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, which jurisdiction? \_\_\_\_\_

Hours of operation: \_\_\_\_\_ am/pm Days of Operation \_\_\_\_\_ ☐ How many parking spaces do you have \_\_\_\_\_

☐ Restaurant seating capacity \_\_\_\_\_ ☐ Day Care/Nursery capacity \_\_\_\_\_ ☐ Beauty/Nail/Barber # of stations \_\_\_\_\_

☐ Health Spa/Gym/Club square footage \_\_\_\_\_ ☐ Merchant/Manufacturer # of employees \_\_\_\_\_

☐ Nursery # of trees/plants \_\_\_\_\_ ☐ Hospital/Nursing # of rooms \_\_\_\_\_

☐ Hotel # of rooms \_\_\_\_\_ ☐ Mobile Home Park/Campground spaces \_\_\_\_\_

☐ # of coin-operated Machines \_\_\_\_\_ ☐ # of Arcade games \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Transportation/Trucking/Freight Terminals - max # of vehicles \_\_\_\_\_

☐ If in Shopping Center List Name \_\_\_\_\_ ☐ When does your lease expire \_\_\_\_\_

☐ Will Alcohol be sold? ☐ Yes ☐ No If yes, please attach DBPR ABT-6001. ☐ Number of Employee \_\_\_\_\_

☐ Will you be selling, displaying or storing goods or merchandise on property? ☐ Yes ☐ No If yes, \_\_\_\_\_

Name	Title	Signature
FOR OFFICE USE ONLY: FORMB4 – Updated 10/2016		
\$ _____ Fee	_____ Date Paid	_____ Check/Cash
	_____ License #	_____ Rec'd By