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

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 or on municode.com.

PARCEL ID		Open Date	
			FEE SCHEDULE
Business Name		Emergency Contact Name	
			\$25.00 Residential Properties; or
Business Address		Emergency Phone	
			\$30.00 Commercial Properties
			(+\$1.00 parking over 10)
Describe the nature of the business		Owner Contact Number	
		Owner Fax Number	
Business Owner Name		Email Address	
Business Owner Name		Email Address	
			-
Check all that apply:		ense Requirements	Certification:
New Business	1. The Business	Tax License year is from October 1 st	I certify that the information contained herein is
New Occupation		mber 30 th . A delinquency penalty will be	true and correct to the best of my knowledge and
Renewal		ense is not renewed prior to September	belief. If any portion is found to be false or
Update Info		rates will apply after December 31 st for	misrepresented, such fact may be just cause for
Add Classification		W to the city only.	immediate revocation of any license issued to me.
Change Classification		hich require a State License or Health	It is further understood that this license is for the
		proval will have to provide copies of those	privilege of engaging in the business profession or
Transfer of:		<u>OR</u> to the issuance of a license.	occupation shown and ONLY at the location
Location		s incorporated, a copy of the letter from	shown here on and that I will comply with the
		brida or the Articles of Incorporation must	Codes of the City of Belle Isle. Failure to correct conditions on the premises that are in violation of
Transferred from:		f a Business is <u>NOT</u> incorporated and	
		ther than their given first and last name, a Fictitious Name Notice with the State of	the City Code or to notify the Business Tax License Office of any change WILL result in
		y of the current fictitious name	revocation of said license. It is further understood
Check and Attach copies of all		sued by the Division of Corporations of the	that it may take 2 to 3 weeks or more for the City
items that apply:		State, will have to be provided PRIOR to	of Belle Isle to process this application.
Fistilians News Devision	the issuance o		understand that my business is not to be opened
Fictitious Name Registration		censing requirements, please review our	until I have the expressed approval of the City of
Articles of Incorporation		ap.28, Art. IV on Municode at:	Belle Isle. Said approval shall ONLY be by 1)
□ State License(s)		unicode.com/index.aspx?clientID=19961&	Issuance of an Official Business Tax License AND
□ Licensed Professional (DBPR)		ename=Florida.	2) by having paid the required Business Tax
□ Copy of Lease		unty Business Tax Receipt will have to be	License. I understand that opening without
(Commercial Only)		R you have been issued the Belle Isle	approval and having not paid my Business Tax
Property owner's written permission (If Penting)		are located at 201 S. Rosalind Avenue,	License tax WILL result in an additional 25%
permission (If Renting)		nd can be reached at 407-836-5650.	penalty as required in Ordinance 04-02.
1	G		

Has any applicant ever been convicted of a felony or misdemeanor?

Yes
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		# of coin-operated Machines			
# of Arcade games		□ Other			
If in Shopping Center List Name		□ When does your lease expire			
□ Will Alcohol be sold? □Yes □ N	lo If yes, please attach DBPR AB	<u>3T-6001</u> . □ Number of Empl	loyee		
□ Will you be selling, displaying or s	storing goods or merchandise on pr	operty? □ Yes □ No If y	yes,		
(places initial) Appual	Panawal Nations will be cant via (amail It is the applicant's	reconcertability to provide the most ourrest amai		

(please initial) Annual Renewal Notices will be sent via email. It is the applicant's responsibility to provide the most current email address. Late Fees will not be waived if renewal payment is received after October 1.

Name		Title		Signature	
FOR OFFICE USE ONLY: FORMB4 – Updated 08/2020	\$				
	Fee	Date Paid	Check/Cash	License #	Rec'd By