City of **Punta Gorda** Florida

326 West Marion Avenue Punta Gorda FL 33950
(941) 575-3369 ◇ pgclerk@pgorda.us ◇ www.pgorda.us

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

FOR OFFICE USE ONLY

Class _____ Fee $_____ Business Control #_____ Receipt #_____

_____ New Business
_____ New Owner(s) Transfer
_____ Business Location Transfer
_____ Business Name Change Only – NO FEE (no change in ownership)

Date Received _____ Date Entered in Optiview _____

BUSINESS/TRADE NAME _____

NATURE OF BUSINESS _____ NUMBER OF EMPLOYEES _____

BUSINESS LOCATION _____

MAILING ADDRESS _____

CONTACT PERSON_____ PHONE:_____

EMAIL ADDRESS _____

LOCAL BUS PHONE _____ EMERGENCY PHONE *(Required)* _____

SALES TAX # _____ FEIN OR SSN IDENTIFICATION #_____

(Note: Collection of sales tax, FEIN and SSN numbers are required by Florida Statute 205.0535(5))

TYPE OF OWNERSHIP (circle one): CORPORATION LIMITED LIABILITY COMPANY PARTNERSHIP SOLE PROPRIETOR

CORPORATE/COMPANY/PARTNERSHIP NAME _____

OWNER(S) AND/OR CORPORATE/COMPANY OFFICERS (List additional owners/officers on an attachment)

1) NAME _____ TITLE _____

HOME ADDRESS_____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE_____

2) NAME _____ TITLE _____

HOME ADDRESS_____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE_____

PLEASE CHECK THE CLASSIFICATION THAT DEFINES YOUR BUSINESS:

_____ **LICENSED PROFESSIONAL:** Any business or occupation regulated by any State or Federal Regulatory Agency.
Please provide a photocopy of all regulatory licenses, certificates, bar cards, etc.
Annual Tax $105.00 Additional Locations $52.50

_____ **NON-LICENSED PROFESSIONAL:**
1 to 19 employees $63.00 20 to 39 employees $131.25 40 plus employees $157.50 Additional Locations $31.50

_____ PUBLIC LODGING ESTABLISHMENT: State of Florida License for Public Lodging required.

_____ MOBILE FOOD VENDING: State license required. Annual Tax $63.00 Additional Vehicles $31.50
Property Owner Affidavit attached _____ site plan attached _____

_____ MOBILE FOOD VENDING CONSTRUCTION SITES ONLY: State license required.
Annual Tax $63.00 Additional Vehicles $31.50

_____ VEHICLE FOR HIRE: Zoning Permit attached _____ Annual Tax $63.00

_____ HOME BASED BUSINESS: Affidavit for Limited Home Occupation required.

_____ **COIN OPERATED/VENDING MACHINES:** Number of Machines _____
A list of machine locations must be attached to this application. Vending machines are not permitted outdoors.
Annual Tax $63.00 plus $1.00 per vending machine

_____ **FLEA MARKET:** Number of Vendors _____
Annual Tax $63.00 per vendor – based on highest number on any given day during previous fiscal year.

_____ **NON-RESIDENT INSURANCE COMPANY:** Annual Tax $105.00

1. IS THIS BUSINESS TAX EXEMPT: YES ☐ NO ☐ If yes, please attach proof of tax exempt status.

2. Will Alcoholic Beverages be dispensed or sold at the business location? YES ☐ NO ☐
(If yes, copy of Beverage Permit required)

3. Will tobacco products be dispensed or sold at the business location? YES ☐ NO ☐
(If yes, copy of Permit required)

4. Does any business activity fit the definition of detrimental uses contained in the City Code? YES ☐ NO ☐
"Detrimental use means any use of property, premises or property and premises in combination, which for any reason excludes juveniles (persons seventeen (17) years of age or under) or excludes juveniles except when accompanied by a parent or legal guardian. Detrimental uses are further defined as those uses which could be construed as injurious to the health, safety, morals or welfare of the City, such as, but not limited to, adult bookstores, massage parlors, public gaming rooms and/or dance halls."

5. Coin operated machines located on the business premises? YES ☐ NO ☐
a. Total number of amusement devices and/or vending machines _____
b. If these machines are owned by a leasing company, please provide business name and address:

_____	_____	_____
Company Name	Address	City, State and Zip

NOTE: ***Business owner is responsible for insuring that local business taxes are paid for vending machines.***

6. My business name is registered as a fictitious name with the Florida Department of State:
YES ☐ NO ☐ (if NO, check box below)

I hereby attest that I am not required to register my business with the Florida Department of State under the Fictitious Name Act because of the following:

- ☐ Doing business under my legal name (ex. John Doe Flooring)
- ☐ Business is a corporation, partnership, or other commercial entity actively organized or registered with the Department of State and the name under which business is to be conducted is the same as the registered name
- ☐ Person or Business is actively licensed by the Department of Business and Professional Regulation or the Department of Health and the name under which business is to be conducted is the same as the licensed name
- ☐ Federally Chartered Bank
- ☐ Other _____

7. I affirm that I have _____ have not _____ been convicted of or pled guilty or nolo contendere to any crime. If so, please state the nature of the offense and the punishment or penalty assessed. _____

_____

FAILURE TO TRUTHFULLY ANSWER THE QUESTION ABOVE SHALL BE GROUNDS FOR THE REVOCATION OF AN ISSUED BUSINESS TAX RECEIPT AND PROSECUTION FOR PERJURY UNDER SECTION 837.012, FLORIDA STATUTES.

AFFIDAVIT

Application is hereby made for Local Business Tax Receipt for the privilege of engaging in the business or profession described. I affirm, under penalties of perjury, that I have read the foregoing and that all applicable information and statements made herein are, to the best of my knowledge, true and correct. I further acknowledge that the issuance of this receipt or acceptance by application or agent thereof, in no way confers any right to violate any State, County or Municipal law.

_____	_____	_____
Print Full Name of Applicant/Owner	Signature of Applicant/Owner	Date

_____	_____	_____	_____	_____
Permanent Residence Address	City	State	Zip	Home Phone
_____	_____	_____	_____	_____
Local Residence Address	City	State	Zip	Local Phone

SEX: Male ☐ Female ☐ DOB: _____ RACE: _____

STATE OF FLORIDA
COUNTY OF _____ ( ) Personally Known ( ) ID Shown _____

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this _____ day of _____, _____.

_____	_____	_____
Notary Public Signature	Notary Public Print Name	Date Commission Expires

Note: Copy of current photo id is required. **(Color Copy Preferred)**

Local Business Tax Receipts are valid from October 1st through September 30th of the following year. The tax for a new business opening after April 1st may be prorated to 50% of the annual tax. Transfer fees are equal to ten percent of the annual tax.

Florida has a very broad public records law (FS 119). Application and associated paperwork may be subject to public disclosure.

PLEASE PROVIDE ALL APPLICABLE DOCUMENTS

* **Original Local Business Tax Receipt** and **evidence of sale**
  For all businesses transferred from one owner to another under a bona fide sale of the business.

* **Corporate Registration from the State of Florida Division of Corporations**
  All businesses transacting in the State of Florida are required to register with the State of Florida. Please provide a copy of the Corporate Registration from the State of Florida Division of Corporations.

* **Fictitious Name Verification from the State of Florida Division of Corporations**
  If you are not registering an Out-of-State Corporation as a Florida Corporation, you can register same as a fictitious name.

* **State or Federal Licenses**
  All businesses regulated by the Department of Professional Regulation, or any other State or Federal Regulatory Agency must submit a copy of the current license.

* **Affidavit for Limited Home Occupation**
  All home based businesses must meet the requirements as listed on the Affidavit for Limited Home Occupation and submit the signed and notarized Affidavit along with the Local Business Tax application.

* **Fee Exempt Certificate**

* **Biohazardous Waste Contract**
  Medical, Dental, Cosmetology and small quantity generators must provide this information.

* **Food Service Inspection Report**
  Restaurants & Food Service Providers

* **Special Exception Request as approved by City Council**
  The City's Zoning Division will determine whether a special exception is required and will assist the applicant in applying for same.

* **Bail Bondsman License and proof of Insurance**
  Only a Licensed Bail Bondsman can own a bail bond agency.

CENTERS FOR INDEPENDENT LIVING

Pensacola	**(850) 484-5444**	**St. Petersburg**	**(727) 577-0065**	**Tallahassee**	**(850) 575-9627**
Tampa	**(813) 975-6560**	**Gainesville**	**(352) 378-7474**	**Winter Park**	**(407) 623-1070**
Jacksonville	**(904) 399-8484**	**Cocoa Beach**	**(407) 784-9008**	**Sarasota**	**(800) 299-0297**
Miami	**(305) 379-6650**	**Ft. Myers**	**(941) 277-1547**	**West Palm Beach**	**(561) 966-4288**

PLEASE BE ADVISED THAT THE CITY OF PUNTA GORDA IS A MUNICIPALITY LOCATED WITHIN CHARLOTTE COUNTY. CONTACT THE CHARLOTTE COUNTY TAX COLLECTOR AT 941-743-1350. YOUR BUSINESS IS REQUIRED TO OBTAIN A CHARLOTTE COUNTY LOCAL BUSINESS TAX RECEIPT.

Charlotte County Local Business Tax Receipts are issued by the Tax Collector's Office, 18500 Murdock Circle, Port Charlotte, 941-743-1350, or South County Annex, 410 Taylor Street, Punta Gorda, 941-637-2141. Charlotte County's Local Business Tax Receipt application form can be found online at www.cctaxcol.com (Business Tax Application).

NOTICE OF THE PUBLIC REQUIREMENTS FOR INDIVIDUALS WITH DISABILITIES

This Notice provides you with important information regarding your obligations under the Americans with Disabilities Act ("ADA", 42 U.S.C. 12101 et. seq. This Notice does not completely describe the requirements of the ADA and must not be relied upon as legal advice. This Notice is intended to make you aware of the existence of the ADA, inform you of possible penalties for your failure to comply and provide you with sources you can contact if you need additional information.

It is your responsibility to learn the requirements of the ADA and fully comply with its provisions. Your failure to do so may result in penalties including liability for damages, attorney's fees and costs and significant civil money penalties.

The Americans with Disabilities Act of 1990 is a Federal civil rights law that provides important legal rights to some 50 million Americans with disabilities. Title III of the ADA was enacted to eliminate the obstacles faced by persons with disabilities in obtaining the full and equal enjoyment of the goods and services provided by America's businesses. Title III of the ADA became effective on January 26, 1992.

Title III of the ADA applies *to places of public accommodation and commercial facilities*. **It is your responsibility to seek additional information and determine whether the law applies to your business**. However, if you own, lease, lease to or operate a business that invites the public into a facility to do business, then your establishment probably is subject to Title III of the ADA. Examples of *public accommodations* include, but are not limited to, hotels, motels, restaurants, bars, theatres, stadiums, auditoriums, bakeries, grocery stores, shopping centers, banks, shoe shops, dry cleaners, professional offices, gas stations, libraries, museums, parks, schools, gyms and most other business establishments that invite the public in to do business.

DISCRIMINATION PROHIBITED

The ADA prohibits places of public accommodations from discriminating against an individual with a disability. It is unlawful to deny participation to, or provide a separate or unequal benefit to an individual or class of individuals on the basis of their disabilities. Goods, services, facilities, privileges, advantages and accommodations must be provided in the most integrated setting possible.

For example, it is unlawful for a place of public accommodation or commercial facility to: 1) Impose or apply eligibility criteria that screen our individuals with disabilities from full participation in and equal enjoyment of any goods, services, facilities, privileges, advantages and accommodations; 2) Fail to make reasonable modifications in policies, practices or procedures when such modifications are necessary to afford persons with disabilities equal access; 3) Fail to provide auxiliary aids and services to prevent individuals with disabilities from being segregated or denied equal participation or access; or 4) Fail to remove architectural and communication barriers that are structural in nature in existing facilities.

This is not a complete list of prohibited activities. It is your responsibility to familiarize yourself with the requirements of the law and fully comply with its provisions.

EXAMPLES OF BARRIER REMOVAL

Structural barriers in your place of business may deny equal access to persons with disabilities and violate the ADA. All public accommodations must remove architectural barriers in existing facilities, including communication barriers that are structural in nature, where such removal is readily achievable. Some examples of steps you may be required to take to remove barriers to equal access by persons with disabilities include, but are not limited to, the following: 1) Installing ramps; 2) Making curb cuts in sidewalks and entrances; 3) Repositioning shelves; 4) Rearranging tables, chairs, display racks, vending machines and other furniture; 5) Repositioning telephones; 6) Installing visual alarms; 7) Widening doors; 8) Installing accessible door hardware; 9) Installing grab bars in toilet stalls; 10) Rearranging toilet partitions to increase maneuvering space; 11) Insulating lavatory pipes to prevent burns; 12) Creating designated accessible parking spaces; and 13) Removing high pile, low density carpeting.

This list is not exhaustive. It is your responsibility to familiarize yourself with the requirements of Title III of the ADA. Title III requires that you inspect your establishment and remove barriers to equal access in compliance with the applicable regulations located at 28 CFR Part 36. Your failure to comply with the ADA may result in penalties including damages, attorney's fees and costs and significant civil money penalties.

The State of Florida enacted the Florida Americans with Disabilities Accessibility Implementation Act, Sections 553.501-.512, Florida Statutes. The purpose of the Act is to incorporate into the laws of the State of Florida the accessibility requirements of the ADA, while at the same time maintaining those provisions of Florida law that are more stringent than the ADA.

Construction, alteration and barrier removal performed in the State of Florida must comply with the ADA and the Florida Accessibility Code for Building Construction.

SOURCES OF ADDITIONAL INFORMATION

You may obtain additional information about the specific requirements of the ADA from the following agencies:

U.S. Department of Justice
Disability Rights Section
Civil Rights Division
P.O. Box 66738
Washington, DC 20035-6738
www.usdoj.gov/crt/ada/adahom1.

(800) 514-0301 (voice)
(800) 514-0383 (TTY)

A Florida Accredited EXCELSIOR AGENCY

CITY OF PUNTA GORDA

POLICE

1410 Tamiami Trail
Punta Gorda, FL 33950
941-639-4111
www.puntagordapolice.com

Facsimile 941-575-5516

Date: _____

We are updating our key holder / emergency files of businesses within the City of Punta Gorda. Please provide the information requested in the space (s) provided below.

Business Name:_____

Business Address:_____Suite/Unit _____

Business Mailing Address: _____

Business Phone Number: _____ Business Fax Number: _____

Owner's Name _____

Home Address: _____

Telephone: _____ / _____ / _____
Home Cell Other

Manager's Name (if different than owner): _____

Telephone: _____ / _____ / _____
Home Cell Other

Please list three (3) people we can call in case of emergency; list them in the order they should be contacted:

1. Name:_____

   Telephone: _____ / _____ / _____
   Home Cell Other

2. Name: _____

   Telephone: _____ /_____ /_____
   Home Cell Other

3. Name: _____

   Telephone: _____ /_____ /_____
   Home Cell Other

Keeping accurate information is an ongoing process; please contact us with any changes. We appreciate your cooperation in helping us serve you! Please return this form by fax to Tele communicator Taylor Smith at (941) 575-5516, email: tsmith@pgorda.us or by mail to Punta Gorda Police, 1410 Tamiami Trail, Punta Gorda FL 33950.
Thank you.