



**CITY OF DAVENPORT
BUSINESS TAX RECEIPT APPLICATION**

NEW BUSINESS _____ BUSINESS TAX RECEIPT # _____

TAX RECEIPT/OWNERSHIP TRANSFER **MUST SHOW PROOF OF SALE** OLD RECEIPT # _____

BUSINESS NAME CHANGE _____ OLD BUSINESS NAME _____

BUSINESS ADDRESS CHANGE _____ OLD BUSINESS ADDRESS _____

BUSINESS NAME _____

DESCRIPTION OF BUSINESS _____

STREET ADDRESS _____

SQUARE FEET _____ PARCEL ID _____

BUSINESS OWNER'S NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

HOA APPROVAL (if applicable)

YES (attach copy of approval letter)

NO

N/A

SOCIAL SECURITY# **OR** FEDERAL EMPLOYEE ID# **PER FL STATUTE, CH 205.535(5) ** _____

Note: The City of Davenport collects your Social Security Number for the following purposes: employment applications, benefit processing, income tax reporting, employee injury and accident reports, Business Tax Receipt data collection, insurance claims, credit worthiness, identification and verification, and data collection. Social Security Numbers may be shared with other authorized Agencies. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

OWNER'S ADDRESS _____

BUSINESS PHONE _____ AFTER HOURS CONTACT AND PHONE _____

DBPR STATE LICENSE # AND COPY ATTACHED _____

FICTITIOUS NAME REGISTRATION # AND COPY ATTACHED _____

POLK COUNTY TAX RECEIPT # AND COPY ATTACHED _____

USE OF HAZARDOUS MATERIALS ACCORDING TO THE FLORIDA STATUE 422 ? YES NO

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR CITY USE ONLY:

	DATE	DATE	
PLANNER	<input type="checkbox"/> APPROVED _____	<input type="checkbox"/> DISAPPROVED _____	ZONING DISTRICT _____
FIRE MARSHALL	<input type="checkbox"/> APPROVED _____	<input type="checkbox"/> DISAPPROVED _____	
BUILDING OFFICIAL	<input type="checkbox"/> APPROVED _____	<input type="checkbox"/> DISAPPROVED _____	
CODE ENFORCEMENT	<input type="checkbox"/> APPROVED _____	<input type="checkbox"/> DISAPPROVED _____	

REASONS FOR DISAPPROVAL _____

TAX RECEIPT # ISSUED _____ GL CODE _____ 001.321.000

CC: POLICE DEPARTMENT
FIRE DEPARTMENT
UTILITIES DEPARTMENT
PUBLIC WORKS

BUSINESS TAX RECEIPT FEE \$ _____

REQUIREMENTS FOR A CITY OF DAVENPORT
BUSINESS TAX RECEIPT

Please obtain the following before applying for a Business Tax Receipt with the City of Davenport:

1. **State License**
 Department of Business and Professional Regulation (DBPR)
 (850) 487-2252
 Myfloridalicense.com
 Please check with the DBPR if you will need a license for your profession. The DBPR will require a license for such businesses as: automobile repair/sales, cosmetology, food/lodging, real estate, etc.

2. **Fictitious Name Filing**
 Department of State, Division of Corporations
 (850) 488-9000
 If you do not use your full name (first and last) in your business name, the State of Florida requires you to file.

3. **Sale Tax Number**
 Department of Revenue
 (863) 499-2260
 230 S. Florida Avenue #401
 Lakeland, FL

4. **Polk County Business Tax Receipt**
 Polk County Tax Collector
 (863) 534-4731
 Bartow
 430 E. Main Street
 OR
 Lakeland
 930 East Parker Street, Suite 261

We must have copies of all the above before we can issue a City Business Tax Receipt

Please call 863-419-3300 if you have any questions