



Growth Management Department
201 SE 3rd ST, (Second Floor), Ocala, FL 34471
(352) 629-8421; Email: Licensing@ocalafl.org

LOCAL BUSINESS TAX RECEIPT APPLICATION

Incomplete applications will not be accepted

Engineered Life Safety Plan may be required for a change of use

General Information

Business Address: _____ Unit Number(s) _____

Name of Business (DBA): _____

Legal Entity Name (*must be registered with Sunbiz*): _____

Type of Business (***Be Specific***): _____

Form of Business: Individual ☐ Partnership ☐ Corp. ☐ LLC ☐ FEIN Number: _____

Contact (*for inspection*): _____ Phone Number (*for inspection*): _____

Primary Phone Number: _____ Email Address: _____

Mailing Address (*for renewals*): _____ City: _____ State: _____ Zip: _____

Business Information

Proposed Start Date: _____ Hours of Operation: _____

Is this business sharing space?: No ☐ Yes ☐ If yes, please list the business name: _____

Previous Use for this space: _____ Proposed Use: _____

Electric Service Provider: Ocala Electric Utility ☐ SECO ☐ Duke Energy ☐

Electric Account will be in the name of: Business ☐ Landlord ☐

Is the electric currently turned on?: No ☐ Yes ☐ If no, how long has the power been turned off?: _____

Is there any construction to take place?: No ☐ Yes ☐ If yes, Permit Number?: _____

Other Required Information

Square Footage: _____ # of Employees: _____ Proposed Capacity: _____ # of Parking Spaces: _____

FOOD SERVICE (*If applicable*): # of Seats Inside _____ Outside _____ Take-Out ONLY: No ☐ Yes ☐

Will there be any ALCOHOL sales: No ☐ Yes ☐ (Beer/Wine/Liquor) (***Approval by City Council required**)

Does this business have a Fire Alarm: No ☐ Yes ☐

Does this business have a Fire Sprinkler: No ☐ Yes ☐

Does this business have a Security Alarm: No ☐ Yes ☐

Additional Information

Are you eligible for exemption?: (Per FSS 205) No ☐ Yes ☐ Exemption Type: _____

Of Apartments/Rooms/Mobile Homes/Units: _____ # Of Vehicles/Trailers/Vending Machines/Nozzles: _____

(If you have vending machines, a list of vending machine locations is required at application as well as at each renewal.)

Will used items be sold: No ☐ Yes ☐

Will liquid propane be sold at this location: No ☐ Yes ☐

(Separate application required)

**If you have professionals/personal services (as defined in Sec 62-81 of our City code) working at this location, you will need to submit a separate application for each individual, accompanying a copy of their state license.*

NOTICE

- A Change of Occupancy inspection and fee(s) may be required for new business applications, including additional square-footage, change of FEIN, additional occupancy, transfer of ownership or locations.
- The Business Tax Receipt must be pre-paid before the zoning review and change of occupancy inspection will take place.
- Fees assessed at the time of application vary based on proposed use classification and proximity to end the fiscal year.
- All Fees are Non-Refundable.
- The Local Business Tax Receipts shall be in accordance with F.S.205.
- Accepted methods of payment are: cash, check (made payable to the City of Ocala) or credit card (a convenience fee will apply).
- *If you are emailing your application:* Once your application is received an invoice will be sent via email with a direct link to make your payment electronically.
- Local Business Tax Receipt turnaround time is 7-10 business days following payment.

Required Signature and Affirmation:

The undersigned has read and understands that inspection of the structure/property may be performed by building, zoning, and fire inspectors. I further understand that I may not assume that the premises may be used as proposed until I have complied with all inspection requirements. A written report incorporating all inspection comments will be provided upon request. All inspection comments are based on the use as represented by me to the city. Additional comments and requirements may be imposed based on new information or issues not foreseen during the initial review process. I agree to obtain a Local Business Tax Receipt prior to conducting business as required by the City of Ocala and to comply with all City of Ocala Ordinances whether specified or not. All information supplied shall become public record.

I swear and affirm that the above information is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____ Date: _____