



STEP 2: HOME-BASED BUSINESS TAX RECEIPT APPLICATION

Once step 1 Zoning Certificate approval has been completed.

*****A Business Tax Receipt Must Be Obtained Within 30 Days Of Opening A Business*****

PLEASE READ CAREFULLY

- Complete the Town of Lake Park Business Tax Receipt (BTR) Application. This may be downloaded from the Town's website: www.lakeparkflorida.gov/cdd/other then click the title **HOME BASED BUSINESS – BUSINESS TAX RECEIPT APPLICATION**. Any business that sells merchandise (even as a secondary use) must provide a value for the merchandise in the Inventory Affidavit. This must be notarized.
- Submit to the Community Development Department all of the following documents.
 - Completed Local Business Tax Receipt Application form
 - Sunbiz verification of a Florida Incorporation or Fictitious Name (DBA)
 - Copy of County issued Business Tax Receipt
 - State Professional or Business License, if applicable
 - Fire Inspection Report, if applicable.
 - Photos of area being used for home-based business.
- The Community Development Department will then review and notify you of the amount due for your annual BTR Fee, based on your business classification, and provide you with a payment code.
- This fee must be paid to complete the process. Payment may be via in-person (Town Hall Finance Department-535 Park Avenue, Lake Park, FL33403), or online (<https://client.pointandpay.net/web/lakeparkbpandbtrfl>) or over the phone (1-855- 745-8440 or for questions, 561-881-3350).
- In approximately 2-3 weeks (after final payment is received) you will receive your Business Tax Receipt in the mail at the mailing address provided on your application. It should be displayed in your business at all times.

Town of Lake Park Community Development Department

535 Park Avenue, Lake Park, FL 33403

Tel. 561-881-3318 Ext. 317 or 322

Email: permit@lakeparkflorida.gov

TOWN OF LAKE PARK

535 Park Avenue
Lake Park, Florida 33403
Phone (561) 881-3318
Fax (561) 881-3323
www.lakeparkflorida.gov



APPLICATION FOR HOME BUSINESS TAX RECEIPT

Date _____ Home Business Address _____

Name of Home Business _____

Name of Applicant _____

Mailing Address (if different from above) _____

Telephone Number _____ Fax _____ E-Mail _____

Federal Employer Identification Number _____ or Social Security Number _____

Applicant's Interest in Property: OWN () RENT () OTHER ()

If rental please provide:

Name of Property Owner _____ Telephone No. _____

Address of Property Owner _____ E-mail Address _____

TYPE OF HOME BUSINESS: _____

EXPLAIN OPERATION IN DETAIL _____

Total Square Footage of Dwelling? _____

Location and Amount of Square Footage Designated for Business Use? _____

Will non-residents be employed? YES () NO ()

If so, indicate number (2 maximum permitted) _____

Type of Equipment and Material to be used: _____

Signature of Applicant

Title

Print Name of Applicant

Date

**FOR OFFICIAL USE ONLY
TO BE COMPLETED BY TOWN STAFF**

BUSINESS NAME: _____ **ADDRESS:** _____

MUNICIPAL ZONING APPROVAL BY: _____ **DATE:** _____

ZONING DISTRICT: _____ **PERMITTED USE:** _____

PUBLIC WORKS/SANITATION **Approved** **N/A** **Date** _____ **Init** _____

Business Tax Receipt Classification:

1) _____

Total BTR Fees Paid \$ _____ **Date** _____ **Full Year () ½ Year ()**

COMMUNITY DEVELOPMENT DIRECTOR APPROVAL:

BY: _____ **DATE:** _____

AFFIDAVIT

I, _____, affirm that the above information is true and correct to the best of my knowledge. If my Business Tax Receipt is based on stock of merchandise, I authorize the Town of Lake Park Tax Collector or designated Officer to audit my business inventory to verify the value of the stock of merchandise. I further affirm that I will report any changes of organization or operation of this business by completing a new Business Tax Receipt Application. I understand that it is unlawful for any person to engage in any trade, business, profession or occupation within the Town without obtaining a Business Tax Receipt. I further acknowledge that a Business Tax Receipt must be obtained from the Town within 30 days of the opening of establishment of the business, profession or occupation within the Town.

Signature of Applicant

Date

Title of Applicant



**LOCAL BUSINESS TAX RECEIPT
INVENTORY AFFIDAVIT**

***Relates Only To Merchandise In Stock That Is Sold ***

Date _____

As Owner of _____ (business), I certify that the value of the inventory of merchandise for this business at the end of the PRIOR calendar year and reported to the Internal Revenue Service was:

\$ _____

-OR-

If the business was started after December 31st of the previous year, the estimated inventory value 60 days after the business started is expected to be:

\$ _____

Business Owner Signature

Print Business Owner Name

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this ____ day of _____, ____ by _____ (“applicant”) who is personally known to me or who has produced _____ as identification and who did not take an oath.

(SEAL)

Notary Public Signature

Notary Public Name in block letters

Date