

APPLICATION AND PROCESS MUST BE COMPLETED WITHIN 30 DAYS OF SUBMITTAL OR APPLICATION WILL BE NULL & VOID AND RESUBMITTAL WILL BE REQUIRED. ALL FEES ARE NON-REFUNDABLE



**TOWN OF LAKE PARK
Community Development Department**

**PROPERTY OWNER'S BUSINESS TAX RECEIPT APPLICATION
TO RENT COMMERCIAL PROPERTY**

Please provide ALL of the information requested or indicate that the item is not applicable.

LOCATION OF PROPERTY TO BE RENTED:

Name of Commercial Complex (if applicable) _____

Address: _____

PROPERTY OWNER INFORMATION:

Name of Property Owner: _____

Mailing Address: _____ City, State & Zip: _____

Phone: _____ SSN or Federal Employer ID # _____

E- Mail Address: _____

PROPERTY MANAGEMENT COMPANY OR CONTACT PERSON INFORMATION:

Name of Property Management Company: _____

Mailing Address: _____ City, State & Zip: _____

Contact Name: _____ Phone: _____

E-Mail Address: _____

TOWN CODE SECTION 28-51(173) c.3. – RENTAL PROPERTY:

RE039 Commercial Property, regardless of the number of suites, bays, offices, units or spaces to be rented, per location \$52.50
Zoning Inspection Fee (DUE AT INITIAL SUBMITTAL). \$50.00

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AGREEMENT BY PROPERTY OWNER:

The information I have provided on this Application is true to the best of my knowledge. I understand that failure to comply with the Town of Lake Park Code Section 28-51(173)c.1. may result in civil actions and penalties, including court costs, reasonable attorneys' fees, additional administrative costs incurred as a result of collection efforts, and a penalty of up to \$250.00 per offense, as authorized by Florida Statute Chapter 205. Furthermore, I hereby solemnly swear that I have received, read and understood Section 78-2, and Sections 54-121 - 54-130, of the Town of Lake Park Code of Ordinances related to Minimum Housing & Occupancy Requirements. I hereby solemnly swear that I am the legal owner or legally assigned representative of the property listed herein.

Property Owner Signature

Date

Print Property Owner Name

The foregoing instrument was acknowledged before me on this ____ day of _____, 20__,

by _____, who is personally known
Name of Person Acknowledging

or who has produced _____ as identification.
Type of Identification

_____, Notary Public
Notary Public Signature

STATE OF _____ .

(Notary Seal)

535 Park Avenue
Lake Park, FL 33403

Phone: 561-881-3320 Fax: 561-881-3323 Web: www.lakeparkflorida.gov

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Office Use Only:

Initial Zoning Approval

Zoning District _____

Verified that Rental Category Permitted in District

Approved Disapproved Init./date _____

Public Works/Sanitation

Approved N/A Date _____ Init _____

Code Compliance

Date of Inspection _____ Inspected by _____

If PASSED, THIS REPRESENTS FINAL APPROVAL.

Passed Failed

If Failed:

Reason _____

Date to Comply _____

Date of Final Approval _____ Final Approval Signature _____

Revised 3/19/24