

City of Frostproof

Business Tax License Application



The following steps must be completed before the City of Frostproof business tax license is issued:

(We must have a copy of ALL documents)

1. Department of Professional Regulation - (850) 487-2252
www.myfloridalicense.com
2. Fictitious Name Filing - (850) 245-6000
www.sunbiz.org
3. Polk County Business Tax Receipt - (863) 534-4700
<https://www.polktaxes.com/services/local-business-taxes/>
4. Department of Revenue (Florida Annual Resale Certificate for Sales Tax) - (863) 499-2260
ONLY if sales tax is collected
https://floridarevenue.com/taxes/taxesfees/Pages/annual_resale_certificate_sut.aspx
5. A copy of inspection approval from building official and fire chief - (863) 635-7855
ONLY if building or fire inspection is required

Fictitious Name Exemption Information:

By affixing my name and signature below, I understand that I am affirming that my business or profession is exempt from the fictitious name registration as defined in Florida Statutes 205.032 for the reason indicated:

- Attorney
- Incorporated Business
- Licensed by Florida Dept of Business and Professional Regulation
- Licensed by FL Dept of Agriculture
- We have chosen to use our **first and last names** as part of the business name

I certify that the enclosed information is, to the best of my knowledge and belief, true and accurate. I acknowledge that a license issued pursuant to this application does not waive requirements of any city, county, state, or federal ordinance, statute, or regulation that I must meet prior to entering the business, profession, or occupation for which the license is sought. I have or will comply with all such requirements.

I specifically acknowledge that a license issued pursuant to this application does not indicate that the parcel of land upon which I intend to operate is properly zoned for which I intend to conduct. IT IS MY RESPONSIBILITY TO VERIFY COMPATIBLE ZONING WITH THE APPROPRIATE AUTHORITY PRIOR TO COMMENCING OPERATIONS.

Applicant Signature

Application For Business Tax Receipt

... FICTIOUS NAME REGISTRATION MUST ACCOMPANY THIS APPLICATION IF
you are doing business in a name other than your Legal Corporate name OR if your legal first AND last name are not
included in your business name, then you must file a fictitious name registration with the Department of State.
(www.sunbiz.org)

LEGAL BUSINESS NAME: _____ DBA: _____
☐ Inc. ☐ Corp. ☐ LLC ☐ PA ☐ Other: _____ ☐ Sole Proprietorship (please check all that apply)

Nature of Business: _____ Open Date: _____

Description of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____ Website: _____

Federal Tax ID #: _____ Sales Tax #: _____

Gross Leasable Space: _____ ☐ 1st Floor ☐ 2nd Floor ☐ 3rd Floor ☐ Other _____

Property Owner / Landlord: _____ Phone #: _____

Applicant Name: _____ Date of Birth: _____

SS#: _____ Position with Business: _____

Home Address: _____

Certification/License #: _____ Expiration Date: _____
(please include a copy of sales license, CRD#, Cosmetologist license, etc.)

LIST ALL REGISTERED AGENTS (first, middle, last name)

1. _____
2. _____
3. _____



***Incomplete or misleading applications will be rejected. All lines must be Complete. If not applicable, please indicate with N/A. *State Statute FS205**

I certify that the information given in this application is true and correct to the best of my knowledge. I agree to comply with all town ordinances covering the occupation described herein.

DATE: _____ SIGNATURE OF APPLICANT: _____

Building Department Approval: _____ Fire Department Approval: _____

Notes: _____