



# City of Umatilla Florida

Office Use Only	
Rcvd Date: / By:	
Customer ID:	
License #:	
Approval Date:	

## APPLICATION FOR BUSINESS TAX RECEIPT

*Filing this application does not allow applicant to operate or engage in any type of business until the City Manager issues a Business Tax Receipt to the applicant. Any person, firm, or corporation who shall engage in any occupation, business, or profession without a Business tax Receipt shall be subject to penalty in accordance with Chapter 20, Article III, Code of Ordinances, City of Umatilla.*

### Business Information (Please Print or Type)

Business Name: \_\_\_\_\_  
(Name Must Be Same as Indicated on State License)

DBA Name: (if applicable) \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Location (Physical Address): \_\_\_\_\_  
(Address Must Be Same as Indicated on State License)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FEIN – SSN Tax ID#: \_\_\_\_\_ NAICA#: \_\_\_\_\_

**Vending Machine Qty:** \_\_\_\_\_ **Laundry Qty per Unit:** \_\_\_\_\_ **Restaurant Seating Capacity:** \_\_\_\_\_

### Owner's Information

Owner's Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY PORTION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY LICENSE ISSUED TO ME.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



# City of Umatilla Florida

## BTR Issuance Checklist

**The following are required documents that must be presented with your application before the Business Tax Receipt will be issued.**

- Copy of any applicable Local or State Licenses**
- Copy of Driver's License/I.D.**
- Copy of Sunbiz.org registration**
  - information must be current and correct before BTR will be issued
- Copy of Businesses General Insurance or Liability Insurance (if applicable)**
- Fire inspection (if applicable)**
  - The Fire Department must inspect and approve each proposed business location/site for life safety compliance prior to issuance of a Business Tax Receipt.
  - *Payment of the Fire Inspection Fee is \$25 (same for re-inspection fees, if necessary); payable at the time of BTR issuance.*
    - Fire inspections must be scheduled prior to the business opening.
    - The business establishment must be set-up like it is ready to open for the inspection to be completed.
  - Home occupations generally are exempt from fire inspections and fire inspection fees; however, the Fire Department reserves the right to require an inspection if the business type, storage of materials, etc. warrants.
- Notice of Alarms (if applicable)**
  - If applicable the Police and Fire Departments must be notified of fire alarms/fire alarm systems in affect at the business location. Information may be provided on the "EMERGENCY CONTACT BUSINESS OR RESIDENTIAL ALARM INFORMATION POLICE & FIRE" sheet.
- Approval of City Officials prior to BTR issuance (if applicable, not applicable-Home occupations)**

*Planning & Zoning Official*

\_\_\_\_\_

Date \_\_\_\_\_

*Fire Official*

\_\_\_\_\_

Date \_\_\_\_\_

*Code Enforcement Official*

\_\_\_\_\_

Date \_\_\_\_\_

*Building Official*

\_\_\_\_\_

Date \_\_\_\_\_



# City of Umatilla Florida

## EMERGENCY CONTACT BUSINESS OR RESIDENTIAL ALARM INFORMATION POLICE & FIRE

Business/Residential Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address (If different): \_\_\_\_\_

Contact numbers: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

Building owner phone: \_\_\_\_\_ Normal Business hours: \_\_\_\_\_

Types of alarm (Check all that apply)

Fire: \_\_\_\_\_ Yes \_\_\_\_\_ No  
( If you checked yes)

Burglar: \_\_\_\_\_ Yes \_\_\_\_\_ No  
( If you checked yes)

- \_\_\_\_\_ Existing System.
- \_\_\_\_\_ New System
- \_\_\_\_\_ Addition to existing system
- \_\_\_\_\_ Smoke detection
- \_\_\_\_\_ Manual Pull stations
- \_\_\_\_\_ Sprinkler system
- \_\_\_\_\_ Stand pipe system

- \_\_\_\_\_ Hold up
- \_\_\_\_\_ Fire
- \_\_\_\_\_ Phone in
- \_\_\_\_\_ Audible only

Annunciator panel location: \_\_\_\_\_

Fire alarm panel location: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Monitoring company/location: \_\_\_\_\_

Date alarm(s) will be service: \_\_\_\_\_

Additional information/comments: \_\_\_\_\_

### Contacts with authority to enter business/residence (at least three contacts):

- |          |              |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |
| 4. _____ | Phone: _____ |
| 5. _____ | Phone: _____ |

*[This report is required by laws as stated in the City of Umatilla Ordinances]*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(owner/manager/resident)

Official completing this report: \_\_\_\_\_ Date: \_\_\_\_\_