



DOCUMENTS REQUIRED FOR LOCAL BUSINESS TAX RECEIPT

- _____ COMPLETED AND SIGNED APPLICATION
- _____ COPY OF SALES TAX CERTIFICATE, IF RETAIL
- _____ COPY OF COUNTY LOCAL BUSINESS TAX RECEIPT
- _____ COPY OF CORPORATION, LLC OR FICTICIOUS NAME REGISTRATION (www.sunbiz.org)
- _____ STATE LICENSE, IF APPLICABLE
- _____ COPY OF INSURANCE FOR MOBILE VENDORS (Proof of limits)
- _____ COPY OF FOOD SAFETY INSPECTION REPORT (MOBILE FOOD VENDORS & RESTAURANTS – ISSUED BY FDACS)
- _____ PROOF OF PUBLIC & PROPERTY DAMAGE LIABILITY INSURANCE (MIN 100/300K) BODILY INJURY EACH PERSON, 50K PROPERTY DAMAGE (Mobile Food Vendors)
- _____ COPY OF LEASE OR PROOF OF OWNERSHIP

***** Planning and Zoning will have to approve the application before a county receipt can be issued *****

Please call the Finance Department at 863-494-2514 with any questions.



**CITY OF ARCADIA
BUSINESS TAX RECEIPT
(Formerly Occupational License)
APPLICATION**

Filing this application does NOT allow applicant to operate or engage in any type of business until the City issues an Occupational License to the applicant. More than one business at a location will result in a minimum utility charge for each business. Any person, firm, or corporation who shall engage in any occupation, business or profession without an occupation license shall be punished in accordance with the City Code.

Date: ___/___/___

Applicant _____ Title _____

Address _____ Phone _____

Business Name _____ Business Address _____

Type of Occupation _____ Sales Tax # _____

Property Owner _____ Address _____

Mail Renewal Notice to: _____

Manager's Name/Address: _____

(Fictitious Names, if required, must be recorded and proof attached to this application).

Fill in all applicable items below:

Merchants: Beginning stock value (your cost) \$ _____

Restaurant Number of Seating _____
 Hotel Motel Apartments # of Rental Units _____

Name and address of person holding State Certificate: _____
(A copy of the Hotel & Restaurant Commission Certificate must be attached)

Registered Number _____ Expiration Date: _____

Coin Operated Machines: Washers # _____ Dryers # _____ Vending Machines # _____
 Video Games # _____ Pool Tables # _____ Juke Box # _____
(A list of addresses for the location(s) of each machine must be attached)

The undersigned understands that the business, profession, or occupation for which a City of Arcadia occupational license is being applied for may require State and/or County certification, and registration of a fictitious name; and that such certification and/or registration, if any, are obligations of the applicant.

 (Applicant's signature) _____ (Title)

Property owners or their authorized agent shall submit a separate application with applicable fees for review and approval of all business signage in accordance with the City of Arcadia's sign code.

Systems Dept:
 Date _____ Comments: _____ Signature: _____
 City Code
 Date _____ Comments: _____ Administrator: _____