



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809

Tel 407-851-7730 * Fax 407-240-2222 * www.belleislefl.gov

Business Tax License Application

City Code Chapter 28, Art. IV, Sec. 28-91 to 28-100

STATE LICENSE MUST BE OBTAINED BEFORE CONDUCTING BUSINESS (e.g., Restaurants, Food Service). All businesses operating within the City of Belle Isle must obtain a Business Tax License BEFORE opening or may be charged a penalty of 25% of the license amount.

Property Address	Parcel ID
Business Name	
Business Owner's Name	
Email Address	Owner Contact Number
OPEN DATE	Emergency Contact Name
	Emergency Contact Number

Describe the Nature of the Business	FEE SCHEDULE
	<input type="checkbox"/> \$40.00 Residential Properties; or <input type="checkbox"/> \$80.00 Commercial Properties (+\$1.00 parking over 10) <input type="checkbox"/> EXEMPT- No fee, but annual renewal is required <input type="checkbox"/> Late Fee 25% + License Fee _____ (please initial) Annual Renewal Notices will be sent via email. It is the applicant's responsibility to provide the most current email address. Late Fees will not be waived if renewal payment is received after Sept 30.

Check all that apply: <input type="checkbox"/> New Business <input type="checkbox"/> New Occupation <input type="checkbox"/> Renewal <input type="checkbox"/> Update Info <input type="checkbox"/> Add Classification <input type="checkbox"/> Change Classification Transfer of: <input type="checkbox"/> Location <input type="checkbox"/> Ownership Transferred from: _____ Check and Attach copies of all items that apply: <input type="checkbox"/> Fictitious Name Registration <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> State License(s) <input type="checkbox"/> Licensed Professional (DBPR) <input type="checkbox"/> Copy of Lease (Commercial Only) <input type="checkbox"/> Renter-Property owner's written permission <input type="checkbox"/> Homeowner- Proof of ownership	Business Tax License Requirements 1. The Business Tax License is from Oct 1 st through Sept 30 th . A delinquency penalty will be assessed if the license is not renewed by Sept 30 th . Quarterly rates will apply after Dec 31 st for businesses <u>NEW</u> to the city only. 2. Businesses that require a State License or Health Department approval will have to provide copies of those approvals <u>before</u> the issuance of a license. 3. If a Business is incorporated, a copy of the letter from the State of Florida or the Articles of Incorporation must be provided. If a Business is <u>NOT</u> incorporated and uses a name other than it's given first and last name, it must file a Fictitious Name Notice with the State of Florida. A copy of the current fictitious name registration issued by the Division of Corporations of the Department of State will have to be provided <u>before</u> the license issuance. 4. To review all licensing requirements, please review our City Code, Chap.28, Art. IV on Municode at: http://library.municode.com/index.aspx?clientID=19961&stateID=9&statename=Florida . 5. An Orange County Business Tax Receipt will have to be obtained <u>AFTER</u> you have been issued the Belle Isle license. They are at 201 S. Rosalind Avenue, Orlando, FL, and can be reached at 407-836-5650.	Certification: 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. It is further understood that this license is for the privilege of engaging in the business profession or occupation shown and ONLY at the location shown here and that I will comply with the Codes of the City of Belle Isle (COBI). Failure to correct conditions on the premises that are in violation of the City Code or to notify the Business Tax License Office of any change WILL result in revocation of said license. It is further understood that it may take 2-3 weeks or more for the COBI to process this application. I understand that my business will not be opened until I have the expressed approval of the COBI. Said approval shall ONLY be by 1) Issuance of an Official Business Tax License AND 2) by having paid the required Business Tax License. I understand that opening without approval and have not paid my Business Tax License tax WILL result in an additional 25% penalty as required in Ordinance 04-02.
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THIS SECTION MAY APPLY. IF NONE, PLEASE INSERT N/A

Has any applicant ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, which jurisdiction? _____

Hours of operation: _____ am/pm Days of Operation _____ How many parking spaces do you have _____

☐ Restaurant seating capacity _____ ☐ Day Care/Nursery capacity _____ ☐ Hospital/Nursing # of rooms _____

☐ Hotel # of rooms _____ ☐ Other _____

☐ If in Shopping Center List Name _____

☐ Will Alcohol be sold? ☐ Yes ☐ No If yes, please attach DBPR ABT-6001. Number of Employees _____

☐ Will you be selling, displaying, or storing goods or merchandise on the property? ☐ Yes ☐ No If yes _____

Print (Owner or Designee)

Signature

Date

FOR OFFICE USE ONLY:

Fee

Date Paid

Check/Cash

License #

Rec'd By