

**CITY OF PALATKA BUILDING AND ZONING**  
**201 NORTH 2<sup>ND</sup> STREET**  
**PALATKA, FL 32177**  
Phone (386) 329-0103      Fax (386) 329-0172

**BUSINESS TAX RECEIPT APPLICATION PROCESS**

**STEP ONE**

Complete the application by providing all requested information. If you plan to use coin-operated machines, provide the type and number of machines on the application. Proof of property ownership must accompany the application in either of the following forms:

1. a recorded deed in the applicant's name
2. a fully executed lease agreement in the applicant's name, or
3. a notarized letter from the property owner granting the applicant permission to use the property.

**STEP TWO**

Submit your completed business tax receipt application to: City of Palatka Building & Zoning; 201 North 2<sup>nd</sup> Street, Palatka, FL 32177 or bring to 205 N 2<sup>nd</sup> Street, Palatka, FL for processing.

**STEP THREE**

After submitting your completed application, and before issuance of receipt, a building/fire safety inspection must be scheduled by calling (386) 329-0103. During this inspection, the Building Inspector and Fire Marshal will inspect the structure for compliance with applicable fire, building and accessibility codes. Please check with the Building & Zoning Department at (386) 329-0103 to determine if a permit is required before making any improvements or repairs.

**STEP FOUR**

After the Building Inspector and Fire Marshal have approved your structure, you will be contacted and advised of fees due. Once payment is received your receipt will be mailed to you within two weeks. Your receipt will not be issued until this review process is complete.

**City of Palatka  
Business Registration Form**

Date Received \_\_\_\_\_

This application must be **typed or printed in black ink** and submitted to:  
City of Palatka Building & Zoning, 201 N 2<sup>nd</sup> St., Palatka, FL 32177 (PH 386-329-0103, FAX 386-329-0172)

**Check One:**     New Business     Transfer Ownership     Transfer Location     Name Change

**Type of Ownership:**     Corporation     Partnership     Sole Proprietor     Church     Other

<b>Business Name:</b> _____	<b>Business Phone:</b> _____
<b>DBA (Doing Business As):</b> _____	<b>Home Phone:</b> _____
<b>Business Address:</b> _____	
<b>Mailing Address:</b> _____	
<b>Type of Business:</b> _____	
<b>State Certificate/Registration Number where required:</b> _____ <small>(Accounting, Acupuncture, Architecture, Barbers, Chiropractic, Construction Industry, Cosmetology, Dentistry, Dispensing Opticians, Medical Examiners, Professional Engineer, Landscape Architecture, Funeral Directors and Embalmers, Massage Therapy, Hearing Aids, Nursing Home Administrators, Nursing, Optometry, Pharmacy, Psychology Group, Real Estate, Veterinary Medicine, or any other registrations or certifications required).</small>	
<b>Employer's Identification Number:</b> _____	<b>Sales Tax #</b> _____
<b>Opening date of Business in this City:</b> _____	<b>If Merchant, state opening inventory \$</b> _____
<b>Seating capacity of Theater, Restaurant, Lounge, Tavern or Café:</b> _____	<b>Dancing (Where Allowed)</b> Yes _____ No _____
<b>List number/type of coin operated vending machines on premises:</b> _____	
<b>Owner Name/Corporate Officer and Title</b> _____	
<b>Home address:</b> _____ _____	
<b>Phone:</b> _____	<b>501C Exemption #:</b> _____ <b>Attach a copy of Photo I.D.</b>

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE ISSUANCE OF A CITY OF PALATKA BUSINESS TAX RECEIPT DOES NOT EXEMPT ME FROM ANY OTHER APPLICABLE LAWS, INCLUDING COUNTY OR STATE LICENSING, ZONING OR PERMITTING REQUIREMENTS. I FURTHER UNDERSTAND THAT A CITY OF PALATKA TAX RECEIPT REPRESENTS PROOF OF PAYMENT AND IS NOT TO BE USED TO REPRESENT ANY LEVEL OF QUALIFICATION, CERTIFICATION, TRADE OR PROFESSIONAL EXPERTISE TO THE PUBLIC.

**Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Fictitious Names Requirement:** If your business will use any name other than the owner's legal name, or if a corporation will use a name other than its legal corporate name, a fictitious name (also referred to as a D/B/A) **MUST** be registered with the state. Forms and additional information are available from the Florida Department of State, Fictitious Name Registration, P.O. Box 6327, Tallahassee, FL 32314. (850) 245-6058, [www.sunbiz.org](http://www.sunbiz.org).

FOR OFFICE USE ONLY		
Current Zoning _____	Allowable use: Yes _____ No _____	Approved by: _____
Required Inspections: Fire Marshal _____ BZ _____ Active Water Acct: _____		