



**CITY OF MASCOTTE
BUSINESS TAX RECEIPT
APPLICATION**

**YOUR CITY BUSINESS TAX RECEIPT CANNOT BE ISSUED THE SAME DAY
YOU APPLY**

• REQUIRED PAPERWORK

Application []

County Business Tax Receipt []

Fictitious name Certificate [] (If Applicable) 850•488•9000 (www.sunbiz.org)

Corporation State Certificate With Officers [] (If Applicable)

Other Licenses Required [] (Which may include Florida Department of Business and Professional Regulation if regulated by DBPR, Department of Health, Florida Department of Agriculture and Consumer Services, Division of Food Safety)

Renter/Vendors: Property Owner Permission [] *If you do not own the property, please complete the attached owner affidavit form.*



The information below is to be completed by the City of Mascotte:

Business Name: _____ License #: _____

Business Code: _____ Fee Due: \$_____ Date Paid: _____

APPROVALS

Code Enforcement (Inspection) _____ Date _____

Fire Department (Safety) _____ Date _____

E-Mail Address: _____

Special Conditions:

CITY OF MASCOTTE
BUSINESS TAX RECEIPT APPLICATION
 SHADED AREA TO BE COMPLETED BY THE CITY

Application Date:	Received by City:
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Name of Business:	Lake County License #:
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Street Address:

Mailing Address:

Phone Number:	Mobile/Cell Phone:	Work Phone:
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Do you rent or lease this property? Yes (Please provide lease and or Owner Affidavit form) No

Name of Owner of Business:

Phone number:	Cell phone:	Work phone:
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Is the business incorporated? yes (If yes, include papers) No

SS#: SEE ATTACHED SHEET or Federal Tax ID Number (FEI#)

Have you made application for a Fictitious Name? yes no
 (If using a name other than your legal name, a *Fictitious Name Application* must be made and a copy attached.)

Are you Tax Exempt? Yes No (please attach copy of Tax Exemption Certificate)

Are you non-profit? Yes No (please attach copy of Non Profit Status)

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO NOTIFY THE CITY OF MASCOTTE IF ANY CHANGES OCCUR IN THE STATUS OF THIS BUSINESS.

Please list the nature of your business and list the services that you will be providing.

Are you planning to serve alcohol? Yes No

I hereby acknowledge that I have read this application that the information is correct, and that I am the owner, or the duly authorized agent of the owner. I agree to conform with and abide by, and obey, all of the rules and regulations, which may be lawfully prescribed by the City Council of the City of Mascotte, or its officers, for the issuance of this license. Any false statement herewith is ground for rejection or revocation of this occupational license.

Signature of Property Owner Or Applicant:	Date:
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Please be advised that completing this application does not constitute permission by the City of Mascotte to engage in a business or occupation. If applicant elects to purchase or lease property or invest money in the proposed business prior to final approval of the city, the applicant does so at their own risk.



OWNER AFFIDAVIT

I/we are the owner of the property located at: _____

I/we are allowing _____
(name of authorized person/business name).

Type of use: _____

Dates for the use: _____

Property Owners: _____ (Signature)

Property Owners: _____ (Print Name)

Property Owners: _____ (Signature)

Property Owners: _____ (Print Name)

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 2020, by _____ (name of person acknowledging).

Personally Known OR Produced Identification

Type of Identification Produced:

Witness my hand and official seal this ___ day of _____, 20__.

(Notarial Seal)

Notary Signature

Printed Notary Name

My Commission Expires: _____

SOCIAL SECURITY # _____

CHAPTER 119 (2007)

119.071(5) (2a) Other Personal Information

2. a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is: (I) specifically authorized by law to do so; or (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law. b. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.
3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2.
4. a. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2, the agency shall immediately discontinue the collection of social security numbers for that purpose. b. Each agency shall certify to the President of the Senate and the Speaker of the House of Representatives its compliance with this subparagraph no later than January 31, 2008.
5. Social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption applies to social security numbers held by an agency before, on, or after the effective date of this exemption.
6. Social security numbers may be disclosed to another agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

➤ *The statute below only applies to the application for a Business Tax Receipt*

FLORIDA STATUTE -
CHAPTER 205 (2005)

205.0535 Reclassification and rate structure revisions.--

- (5) No license shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed.

Signature of Applicant:

Date:

Print Name:

CITY OF MASCOTTE SOCIAL SECURITY POLICY STATEMENT

The City of Mascotte recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, the City of Mascotte must collect social security numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number the City of Mascotte provides the following statement regarding the City's collection of social security numbers:

THE CITY OF MASCOTTE COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:

- IDENTIFICATION AND VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

Each individual who provides a social security number to the City of Mascotte shall be provided with a copy of this statement. Additional copies of this social security policy statement may be obtained by contacting City Hall, located at 100 East Myers Blvd. Mascotte, Florida 34753.

*This social security policy statement has been prepared by the City of Mascotte in compliance with §119.071(5), Florida Statutes (2007).

**EMERGENCY AFTER HOURS CONTACT FOR
CITY OF MASCOTTE BUSINESSES
MASCOTTE POLICE AND FIRE DEPARTMENTS**

BUSINESS NAME

ADDRESS

PHONE NUMBER

EMERGENCY CONTACT

NAME

PHONE NUMBER

ALTERNATE

NAME

PHONE NUMBER

SECURITY SYSTEM	Yes	No
SECURITY DOG(s)	Yes	No

Signature: _____ Date: _____

EXEMPTIONS FROM THE BUSINESS TAX RECEIPT IF APPLICABLE

(Please check one if applicable)

F.S. 205.162: Exemption for certain disabled persons, the ages, and widows with minor dependents

All disabled persons physically incapable of manual labor, widows with minor dependents, and persons 65 years of age or older:

- With no more than one employee or helper, and who uses their own capital only, not in excess of \$1,000.00, shall be allowed to engage in any business or occupation in counties in which they live without being required to pay for a business receipt.
- The exemption provided by this section shall be allowed only upon the certification of a reputable physician, stating that the applicant claiming the exemption is disabled, along with the nature and extent of the disability.
- In case the exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the right exemption shall be made.

F.S. 205.192: Charitable, etc., organizations; occasional sales; Fundraising: exemption

- No business tax receipt shall be required of any charitable, religious, fraternal, youth civic, service, or other such organization when the organization makes occasional sales or engages in fundraising projects when the projects are preformed exclusively by the members thereof and when the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization.

F.S. 205.171: Exemptions allowed disabled veterans or their un-remarried spouses

- Any permanent resident of Florida who served during any of the specified periods (identified in s.1.01(14) who was honorably discharged from any of the United States Armed forces, and who at the time of his or her application for a business tax receipt is disabled from performing manual labor shall be entitled to an exemption up to \$50 on any tax receipt engage in any business or occupation in the state which may be carried on mainly through the personal efforts of the applicant as a means of livelihood when the state, county, or municipal tax receipt for such business or occupation.
- If the business tax exceeds the sum of \$50, the remainder of such business tax in excess of \$50 shall be paid.
- Such license shall be marked “Veterans Exempt Receipt” – “Not Transferable”
- The proof may be made by establishing to the satisfaction of such tax collecting authority by means of a certificate of honorable discharge or certified copy that the applicant is a veteran which; may include one or more of the following.

A) Certificate of government- rated disability to an extent of 10% or more:

B) The affidavit or testimony of a reputable physician who personally knows the applicant stating the applicant is disabled from performing manual labor as a means of livelihood;

C) The certificate of the veteran’s service officer of the county in which applicant lives attesting the fact that the applicant is disabled and entitled to receive a tax receipt within the meaning and intent of this section;

D) Pension certificate issued to him or her by the United States by reason of such disability; OR

E) Any other reasonable proof to establish the fact that such applicant is so disabled.