



## Storefront / Commercial Application Local Business Tax

If you are a new business planning to operate in the City of Lynn Haven, you must file an application for City of Lynn Haven Local Business Tax before operating. To ensure that the business is legal and the location is safe for public use, a six-step review process is conducted before issuing of the Local Business Tax Receipt:

1. Complete Application
2. Copy of Fictitious Name Registration [www.sunbiz.org](http://www.sunbiz.org)  
Or Articles of Incorporation or LLC papers
3. Copies of State Certification/License that apply to new business
  - Dept. of Business and Professional Regulations: [myfloridalicense.com](http://myfloridalicense.com)
  - State of Florida Dept. of Health: [doh.state.fl.us](http://doh.state.fl.us)
  - State of Florida Dept. of Agriculture and Consumer Services: [freshfromflorida.com](http://freshfromflorida.com) / [www.800heopfla.com](http://www.800heopfla.com)
4. Certificate of Liability Insurance and Workers Comp
  - Showing City of Lynn Haven as the Certificate Holder
  - Or Exemption
5. Copy of Federal Employer ID No.
6. Planning Department Approval (we will schedule)
  - With a Fire Inspection



**LOCAL BUSINESS TAX**  
**STOREFRONT/COMMERCIAL Application**

Office: (850)265-2121 Ext. 2135

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

Business Name: (DBA) \_\_\_\_\_  
If the legal name of the business is a corporation or a fictitious name the applicant must file a fictitious name registration with the State of Florida per Florida Statute section 865.09. Proof of business name is required with this application

Business Owner Name: \_\_\_\_\_

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

Mailing Address: (If Different) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail \_\_\_\_\_

FIN # \_\_\_\_\_  
(Form Attached) Florida statute 205.053 requires that no tax receipt shall be issued unless a Federal Identification number (FID) or Social Security Number is obtained from the individual to be licensed.

Business Type: Individual / Partnership / Corporation ID # \_\_\_\_\_

State Certification/License: \_\_\_\_\_ Certification Attached \_\_\_\_\_

Nature of Business (Describe in detail the profession or nature of the proposed business)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office \_\_\_\_\_ Warehouse \_\_\_\_\_ Manufacturing \_\_\_\_\_ Retail \_\_\_\_\_ Combination \_\_\_\_\_ Other \_\_\_\_\_

**Beauty/Nail/Tanning Salons, and /or Barber Shops:**

No. of Stylist Chairs: \_\_\_\_\_ No. of Nail Chairs: \_\_\_\_\_ No. of Electrolysis Chairs: \_\_\_\_\_ No. of Tanning Beds: \_\_\_\_\_  
No. of Massage Therapists: \_\_\_\_\_ Inventory Amount \$ \_\_\_\_\_

**Food Establishments, Convenient Stores or Gas Stations:**

No. of Delivery Drivers: \_\_\_\_\_ No. of Seats: \_\_\_\_\_ No. of Drive through Windows: \_\_\_\_\_ No. of Pumping Stations: \_\_\_\_\_  
No. of Car Wash Stations: \_\_\_\_\_ Inventory Amount \$ \_\_\_\_\_

**Laundries & Dry Cleaners:** No. of Coin Operated Machines: \_\_\_\_\_

**Lodging Establishments:** No. of Coin Operated Machines: \_\_\_\_\_

**Merchants & Wholesale Retailers:** Yearly Inventory Amount \$ \_\_\_\_\_

**Rentals: Living Units, Office/Storage Spaces:** No. of Rental Units: \_\_\_\_\_

**Warehouse Storage:** Total Square Footage: \_\_\_\_\_

YOU MUST SUBMIT A COPY OF ANY CURRENT STATE LICENSES APPLICABLE TO YOUR BUSINESS.

If the applicant is a tenant, a letter of no objection from the property owner must be provided.

Property Owner Name: \_\_\_\_\_

Property Owner Number: \_\_\_\_\_

Shopping Center/Complex Name: \_\_\_\_\_

Total Square Footage of Building \_\_\_\_\_ Square Footage of Business \_\_\_\_\_

I, \_\_\_\_\_, own, rent, or lease the property listed above. I certify that all information supplied to the City of Lynn Haven on this form is true and correct. (copy of lease agreement is attached)

**Office Use Only:**

Customer # \_\_\_\_\_

Tax Category: \_\_\_\_\_ Tax Type: \_\_\_\_\_ Business Tax Fee \$ \_\_\_\_\_

Tax Category: \_\_\_\_\_ Tax Type: \_\_\_\_\_ Business Tax Fee \$ \_\_\_\_\_

Fire Code: \_\_\_\_\_ Square Ft \_\_\_\_\_ Fire Inspect Fee \$ \_\_\_\_\_

Account # \_\_\_\_\_ Tax Receipt # \_\_\_\_\_

**Total Fee Due \$ \_\_\_\_\_**

Approved By: \_\_\_\_\_ Date \_\_\_\_\_



## Emergency/After Hours Contact Information

Local Business Tax Division  
Police Department and Fire Department

**Business Name:** \_\_\_\_\_

**DBA Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Shopping Center / Complex Name:** \_\_\_\_\_

On behalf of the Lynn Haven Police Department and Lynn Haven Fire Department would like to take this opportunity to welcome you to our city. To assist in serving you better we would appreciate it if you would take a moment and fill out the below information. This information will be used in situations, including after hours, where contact with a business is necessary.

### Emergency Contacts

**Primary Contact:**

\_\_\_\_\_  
First Name Last Name Phone No.

**Alternate Contacts:**

\_\_\_\_\_  
First Name Last Name Phone No.

\_\_\_\_\_  
First Name Last Name Phone No.