

CITY OF AVON PARK

110 E. Main St., Avon Park, FL 33825

LOCAL BUSINESS TAX RECEIPT PRE-INSPECTION CHECKLIST

New Businesses obtaining a Business Tax Receipt will require the following, prior to the issuance of a receipt. Each of these inspections requires a signature by the individual departments.

TODAY'S DATE: _____

IS THIS A HOME-BASED BUSINESS? **YES** **NO**

FOR OFFICE USE ONLY:

1. Zoning Department, City Hall _____ Zoning Category: ____
110 E. Main Street, Avon Park, FL 33825 Date: _____

2. Fire Inspection, Fire Department _____
98 S. Delaney Avenue, Avon Park, FL 33825 Date: _____

3. Utility Billing-Public Works Utilities account No: _____
110 E. Main Street, Avon Park, FL 33825 Dumpster: Garbage Cart:
Backflow Preventor: _____
Date: _____

4. Hotel & Restaurant, Department of Agriculture or HRS (if applicable).

OL #	_____
OL FEE	_____
HF FEE	_____
TR FEE	_____
TOTAL	_____

Name of Business: _____

Type of Business: _____

Address of Business: _____

Contact person name: _____ Phone: _____

Current email: _____

For office use:

O.L. Business Listing comparable if City OL listing does not reflect exact Type of Business listed above: _____



Office of the City Manager
110 E Main Street
Avon Park, FL 33825

LOCAL BUSINESS TAX RECEIPT APPLICATION

BUSINESS INFORMATION

Business Name: _____	Type of Business: _____
Address: _____	
Business Phone Number: _____	Opening Date: _____

OWNER INFORMATION

Name: _____	Phone Number: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
DOB: _____	SS#: _____	Driver's License: _____

PLEASE COMPLETE IF APPLICABLE:

Amusements/arcade operators/billiards or pool tables/bowling alley lanes:
Number of each _____

Amusements and public performances for profit/Carnivals/Circuses:
Number of days/weeks _____

Number of days Business will operate _____

Apartments/Hotel/Motel – Number of Rooms _____

Barbershop/ Beauty Salon – Number of Operators _____

Restaurant – Number of Seating _____

Retail Merchant – Estimated value of inventory _____

Vehicles for hire/taxi service – Number of vehicles _____

Vending Machines/cigarette/game – Number of machines _____

State License # _____ Expiration Date _____

County License # _____ Expiration Date _____

Insurance Company Policy # _____ Expiration Date _____

Please note it takes up to thirty days to process an application. You are required by law to obtain a Highlands County Occupational License.

Applicant's Signature _____ Date _____

Avon Park Fire Department Location Information

Fill out and deliver to Fire Department or Fax to 863-453-7853

98 S. Delaney Ave., Avon Park, Fl 33825 PH. 863-453-6557

Business Name: _____

Address: _____

Phone: (Day) _____ **(Night)** _____

Occupational License: _____ **Current:** _____

Business Owner Name: _____

Address: _____

Phone: _____ **Cell Phone** _____

Emergency Contact 1: _____

Address: _____

Phone: _____ **Cell Phone** _____

Emergency Contact 2: _____

Address: _____

Phone: _____ **Cell Phone** _____

Property Owner/Manager: _____

Address: _____

Phone: _____

Business hours: _____ **Hours occupied:** _____

Number of Employees/occupants Day: _____ **Night** _____

Fire Alarm Information:

Fire Alarm Present: (Yes) _____ (NO) _____ **Is System Monitored:** _____

Fire Alarm Make/Model: _____

Fire Alarm Serviced By: _____ **Ph.** _____

After Hours Alarm System Contact: _____

Alarm Monitored By: _____ **Ph.** _____

After Hours Monitor Contact Number: _____

Alarm Reset code: _____

Sprinkler System present: _____

Sprinkler System Serviced By: _____

Phone: _____

Knox Box Present: _____ **Correct Keys in Box:** _____