

## City of Lake Helen New Business Guide

Any application that is submitted without the proper approvals and/or proper state licensure may be returned to the applicant. Please complete a Business Tax application and review the following checklist:

1. If your business is regulated by a state agency, you must acquire the appropriate state license before a Business Tax Receipt can be issued.
2. Proof of Fictitious Name Registration or a written statement of exemption from Fictitious Name Registration is required per FS 205.023. Fictitious Name Registration information can be found at [www.sunbiz.org](http://www.sunbiz.org).
3. The City of Lake Helen homes and businesses rely on septic systems. Approval from the Volusia County Health Department of a business' existing septic system for the 'type' of business that will be occupying a commercial building or part of a commercial building is required. The Volusia County Health Department is located at 121 Rich Avenue, Deland, 386-822-6520.
4. All commercial buildings are subject to inspection by the Volusia County Fire Services and the Lake Helen Building Official.
5. All commercial business applications are reviewed by the City Administrator for zoning and related issues.
6. Applicants for a Residential Business Tax Receipt must complete the Residential Home Occupation Permit Application to determine if the home occupation will require review by the Planning and Land Development Regulation Commission.
7. Applicants for a Residential Business Tax Receipt must submit a complete and notarized Residential Home Occupation Affidavit stating they have read and understand the provisions of Ordinance 2007-01 relating to home occupations.
8. Applicants for a Residential Business Tax Receipt who are renting at the address of the proposed home occupation will be required to obtain a notarized statement from the legal property owner that states he/she is cognizant of the proposed business to be conducted at that address.
9. Upon approval of your Lake Helen Business Tax application, you are required to obtain a Business Tax Receipt from Volusia County Business Tax Department, 123 W. Indiana Avenue, DeLand.

TAX RECEIPT NO: \_\_\_\_\_

BUSINESS CODE: \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_

# CITY OF LAKE HELEN

## COMMERCIAL BUSINESS TAX

The Lake Helen Business Tax office will send you a renewal notice for your business/home occupation; however, the owner of this business/home occupation is responsible for renewal of the annual Business Tax on or before September 30<sup>th</sup> of each year. A valid, current copy of any required licensing for your business/occupation must be presented at the time of renewal. The owner of this business is also responsible for notifying the Lake Helen Business Tax Department of any change in address or change in business (such as number of employees, type of business, occupied square footage, etc.).

Name of Business \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

Mailing Address (if different from physical) \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ (If different from Business Address)

Description of Business \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Seats (Restaurant, etc.) \_\_\_\_\_

Number of Rooms (Lodging) \_\_\_\_\_ Number of Vending Machines \_\_\_\_\_

State Certification or Registration Number (if required) \_\_\_\_\_

Social Security OR Federal Tax ID Number \_\_\_\_\_

By signing this application, 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 receipt issued to me. It is further understood that this tax is for the privilege of engaging in the business, profession, or occupation shown and only at the address shown herein and that I will comply with all codes of the City of Lake Helen. Failure to correct conditions on the premises that are in violation of City codes or to notify the business tax office of any changes will result in revocation of said business tax receipt.

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

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### FOR CITY USE ONLY

ZONING CLASSIFICATION \_\_\_\_\_ NEW BUSINESS \_\_\_\_\_ RENEWAL \_\_\_\_\_

IS BUSINESS SPECIFICALLY DELINEATED IN THE CODE FOR THIS CLASSIFICATION?  YES  NO  
 PERMIT APPROVAL REQUIRED  VARIANCE REQUIRED

CERTIFICATE OF OCCUPANCY REQUIRED?  YES  NO IF YES: DATE OF CO \_\_\_\_\_

FOR PERMIT/VARIANCE: PLDRC HEARING DATE \_\_\_\_\_ COMM. HEARING DATE \_\_\_\_\_

CITY COMMISSION APPROVED:  YES  NO

HEALTH DEPT. SEPTIC APPROVAL REQUIRED?  YES  NO (IF YES, ATTACH COPY OF APPROVAL)

ADMINISTRATION APPROVAL SIGNATURE: \_\_\_\_\_