



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
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
 - State of Florida Dept. of Health: doh.state.fl.us
 - State of Florida Dept. of Agriculture and Consumer Services: freshfromflorida.com / www.800heopfla.com
4. Certificate of Insurance and/or Workers Comp
 - Showing City of Lynn Haven as the Certificate Holder
 - Or Exemption
5. Copy of Federal Employer ID No.
6. Planning and Zoning Approval (Storefront/Commercial)
 - With a Fire Inspection



LOCAL BUSINESS TAX
STOREFRONT/COMMERCIAL Application

Office: (850)265-2121 Email: businessstax@cityoflynnhaven.com

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.

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 and Fire Departments, We 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 where contact with a business representative 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.