



City of Casselberry

95 Triplet Lake Drive, Casselberry, Florida, 32707 • Telephone: (407) 262-7700, Ext. 1101
Fax: (407) 262-7763 • E-mail: communitydev@casselberry.org • Website: www.casselberry.org

BUSINESS TAX RECEIPT APPLICATION - COMMERCIAL

NOTICE:

- Renovations (including painting) to a business site or structure located on US HWY 17-92 or SR 436 in the CRA District requires approval from the CRA. Please be sure to check with Community Development prior to making any site improvements as they may be required to be redone.
- NO outside storage or display of goods, materials, services, equipment or vehicles are allowed

This application must not contain any blank spaces

BUSINESS INFORMATION: (Please print)

Business Name: _____

Owner(s) Name: _____ Phone #: _____

E-mail Address: _____ Fax #: _____

If Sole Proprietor, Social Security #: _____

Business Address: _____ Apt #: _____

Shopping Center (if applicable): _____

Previous Business Name/Use at this location: _____

MAILING ADDRESS FOR RENEWAL NOTICE: (if same, please indicate same)

CORPORATION INFORMATION:

Name: _____ Federal ID #: _____

Owner of Business: _____ Phone #: _____

Mailing Address: _____

BUSINESS CATEGORIES: (check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Vehicular Service | <input type="checkbox"/> Rentals (Comm/Ind.) | <input type="checkbox"/> Vendor/Machines and Devices/ATM |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Vehicular Sales | <input type="checkbox"/> Rentals (Residential) | <input type="checkbox"/> Retail and Wholesale Trade |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Construction/Contractor | <input type="checkbox"/> Schools | <input type="checkbox"/> Telemarketing (Exempt/Non-Exempt) |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Day Care | <input type="checkbox"/> Drive-Thru's |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Group Homes | <input type="checkbox"/> Taxi/Limousine |
| <input type="checkbox"/> Personal Service | <input type="checkbox"/> Restaurant (w/ or w/out alcohol) | <input type="checkbox"/> Social Services – Other | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Business Service | <input type="checkbox"/> Lounge/Bar | <input type="checkbox"/> Amusement | |

Detailed description of business activities and products: _____

USAGE/UNIT/FEE INFORMATION: (Please answer those applicable to the use)

Retail/Wholesale/Service/Office: Number of Employees _____

Restaurant/Lounge: Number of Seats _____

Serving Alcoholic Beverages: (check one) Yes No

Schools/Day Care/Group Home: Number of Students/Residents/Beds _____

Rentals (Residential / Commercial): Number of Units _____ Square Footage _____

Vending: Number of Vending/Coin-Operated Machines/ATM's _____

Taxicab/Limousine: Number of Vehicles _____

**** Minimum of 72 hours required for approval ****

BUSINESS TAX RECEIPT APPLICATION - COMMERCIAL

(continued)

OATH

Name: _____ Phone #: _____

Drivers license number: _____

Mailing address: _____

I, _____ (print), being duly authorized to sign for the business named above, do hereby make application for a Business Tax Receipt to engage in business within the City of Casselberry, Florida. I certify that the information provided is true and correct to the best of my knowledge. I acknowledge that a Business Tax Receipt issued pursuant to this application does not waive requirements of any City, County, State or Federal ordinance, statute, or regulation that I must meet prior to conducting, or while engaging in, the profession or business for which the Business Tax Receipt is sought. I have complied, or will comply, with all such requirements.

(NOTE: DO NOT SIGN this application until a notary is present)

Applicant's Signature Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ (Date) by _____, who is personally known to me, or has produced, _____ as identification.

(NOTARY SEAL)

Signature of Notary Public-State of Florida

Name of Notary Typed, Printed, or Stamped

Internal Use

Zoning: _____ CRD: Yes No

Primary Use: _____

Is proposed use permitted within this zoning district? Yes No CU: Approval Required _____

	BUSINESS CLASSIFICATION	COST
City of Casselberry		
Seminole County		
TOTAL COST		

Comments and/or conditions attached to the issuance of this Business Tax Receipt: No outside storage or display of goods, material, services, equipment or vehicles are allowed.

Reviewer's Signature Date



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CERTIFICATION OF EXEMPTION FROM FICTITIOUS NAME ACT

I, _____ (print), hereby certify that I am exempt from the requirements of the Fictitious Name Act, pursuant to S. 205.023, Florida Statutes, and Section 6, Chapter 90-267, Laws of Florida, as follows (check one):

- I am an attorney licensed to practice in the state of Florida.
- I am licensed by the Department of Professional Regulation. **(ATTACH A COPY OF STATE LICENSE)**
- I am incorporated under the following registered corporate name, trademark, LLC, partnership or service mark. _____
- I am doing business under my legal personal name, as follows: _____

Signature of Owner

Date



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Submittal of this application for a City and County Business Tax Receipt does not permit the applicant to operate or engage in any type of business, profession or occupation until the Business Tax Receipt is issued. When the proper approvals have been secured, your Business Tax Receipt(s) will be issued. The City Code provides for penalties for operating a business without a Business Tax Receipt.

PLEASE NOTE - YOUR BUSINESS TAX RECEIPT(S) CANNOT BE ISSUED WITHOUT THE FOLLOWING REQUIREMENTS:

- The application must be completed in full and submitted to the Community Development Department at 95 Triplet Lake Drive, Casselberry, Florida 32707
- Florida Statute 205.0535(5) states a Business Tax Receipt will not be issued unless a federal employer identification number or social security number is obtained from the person to be taxed
- Fictitious name requirements: A fictitious name for a business will require registration with the Department of State (850-245-6500). Those doing business under a corporate name, personal legal name or who are attorneys registered with the state are exempt. A copy of your corporate registration can be used to show exemption. www.sunbiz.org

INFORMATIONAL – NOT REQUIREMENT

- Seminole County Business Tax Receipt: The City now issues your Seminole County and City of Casselberry Business Tax Receipt together at City Hall so there is no longer any need to go to the County offices to obtain your County Business Tax Receipt.
- Transfers: If there is any change in your business location or ownership, an application must be submitted for transfer of your Business Tax Receipt(s). A transfer fee will apply. Transfer of ownership must include a copy of Bill of Sale or transfer documents. Your current Business Tax Receipt must be surrendered prior to issuance of your new Business Tax Receipt.
- The cost of the Business Tax Receipt varies, depending on the type and size of the business. You will be informed of the cost of your Business Tax Receipt after your application is processed.

SPECIAL REQUIREMENTS FOR CERTAIN OCCUPATIONS

- If your profession or occupation is certified by the Department of Business and Professional Regulation you must attach a copy of your certification registration or license to this application. For any questions, contact 850-487-1395 or www.myfloridalicense.com/dbpr.
- If your business is regulated by the Department of Agriculture & Consumer Services you must submit a registration certificate or letter of exemption. For any questions, contact 800-435-7352 or www.800helpfla.com.
- Restaurants must submit a receipt for license and inspection report from the Division of Hotels and Restaurants. Restaurants serving alcohol-must obtain a license from the Division of Alcoholic Beverages and Tobacco. For any questions, contact 850-487-1395.



City of Casselberry

SOCIAL SECURITY NUMBER COLLECTION POLICY NOTICE

You are being provided this written policy for one or more of the purposes checked below, per Section 119.071(5), Florida Statutes.

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

- CLASSIFICATION OF ACCOUNTS;
- 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;
- LOCAL BUSINESS TAX RECEIPTS;**
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY
(Please refer to Casselberry Police Department General Order 51.0 and related specific notice – Appendix A - Casselberry Police Department Notice, effective 12-23-07)

This written policy was adopted by the Casselberry City Commission via Resolution 08-1853 on January 14, 2008, in compliance with Section 119.071(5), Florida Statutes (2007).



CASSELBERRY POLICE DEPARTMENT

SECURITY ALARM REGISTRATION

COURTEOUS

PROFESSIONAL

DEDICATED

FORM COMPLETION INSTRUCTIONS

ENCLOSED IS OUR ALARM REGISTRATION FORM. THIS FORM CAN BE UTILIZED TO REGISTER AND NEW ALARM SYSTEM OR TO UPDATE INFORMATION CONCERNING A CURRENT SYSTEM ALREADY REGISTERED.

THERE IS NO FEE TO REGISTER YOUR ALARM OR TO UPDATE YOUR ALARM RELATED INFORMATION. ONCE COMPLETED, PLEASE SIGN, DATE AND RETURN TO THE CASSELBERRY POLICE DEPARTMENT. YOU CAN RETURN IT BY EITHER:

E-MAIL IT TO: ALARMSINFO@CASSELBERRY.ORG

FAX TO: 407-262-7638

DROP IT OFF AT
OR MAIL TO: CASSELBERRY POLICE DEPARTMENT
 4195 SOUTH U.S. HIGHWAY 17/92
 CASSELBERRY, FLORIDA 32707
 ATTN: ALARM PROGRAM



CASSELBERRY POLICE DEPARTMENT

SECURITY ALARM REGISTRATION

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SERVICE:					
<input type="checkbox"/> NEW SYSTEM		<input type="checkbox"/> UPDATE TO SYSTEM AND/OR INFORMATION			
ALARM TYPE(S): CHECK ALL THAT APPLY					
<input type="checkbox"/> BURGLARY ALARM		<input type="checkbox"/> HOLD-UP ALARM	<input type="checkbox"/> PANIC ALARM	<input type="checkbox"/> FIRE ALARM	
BUSINESS/RESIDENT NAME:			ON PREMISE PHONE:		
ADDRESS:			STE/APT:		
CITY:		STATE:	ZIP:		
SHOPPING CTR/SUBDIVISION NAME:		ALARM COMPANY:	ALARM MONITORING CENTER PHONE:		
BUSINESS/RESIDENT MAILING ADDRESS IF DIFFERENT FROM ALARM SYSTEM LOCATION ABOVE:					
ADDRESS:		STE/APT:	CITY:	STATE:	ZIP:
DO YOU <u>OWN</u> THE PROPERTY ON WHICH THE SECURITY SYSTEM IS LOCATED? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(IF NO, PLEASE INDICATE PROPERTY OWNER INFORMATION REQUESTED BELOW:)</small>					
PROPERTY OWNER NAME:			PHONE:		
ADDRESS:		STE/APT:	CITY:	STATE:	ZIP:
THIS SERVES AS A DOCUMENT OF REGISTRATION WITH THE CASSELBERRY POLICE/FIRE DEPARTMENT FOR THE ALARM SYSTEM(S) NOTED ABOVE; IN THE EVENT OF AN ALARM, PLEASE CONTACT THE FOLLOWING AFTER NAMED BUSINESS/RESIDENT ABOVE:					
CONTACT #1 NAME:					
ADDRESS:		STE/APT:	CITY:	STATE:	ZIP:
CELL/MOBILE PHONE:		WORK PHONE:	OTHER PHONE:		
CONTACT #2 NAME:					
ADDRESS:		STE/APT:	CITY:	STATE:	ZIP:
CELL/MOBILE PHONE:		WORK PHONE:	OTHER PHONE:		
CONTACT #3 NAME:					
ADDRESS:		STE/APT:	CITY:	STATE:	ZIP:
CELL/MOBILE PHONE:		WORK PHONE:	OTHER PHONE:		
PER CASSELBERRY CODE SECTION 34.38 (C) (1) (2) BURGLAR ALARM SERVICE FEES:					
(1) NO FEE SHALL BE ASSESSED FOR ANY OF THE FIRST THREE FALSE ALARMS AT THE SAME PREMISES DURING ANY CONSECUTIVE 6-MONTH PERIOD. THE FOURTH FALSE ALARM AND ALL SUBSEQUENT FALSE BURGLAR ALARMS THEREAFTER SHALL BE ASSESSED A SERVICE FEE OF \$100 EACH.					
(2) THE FEE SHALL BE BILLED TO THE OWNER, LESSEE, OR MANAGER OF THE PREMISES, WHICHEVER SHALL BE IN RESIDENCE ON THE PREMISES. AN ALARM WILL BE CONSIDERED VALID ONLY IF IT IS THE RESULT OF A REPORTED CRIME.					
SIGNATURE:			DATE:		
ALARM REGISTRATION NUMBER:					
CASSELBERRY POLICE DEPARTMENT INTERNAL USE ONLY					



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SIGN INFORMATION

[Per Article XVI of Casselberry's Unified Land Development Regulations (or ULDR)]

Permanent Signs (3-16.3):

1. **All changes in signage, whether a new or existing sign, requires a building permit application to the City of Casselberry's Building Division. Changes include alterations, repairs, construction or relocation.**
2. The allowed sign area is based on 2 square feet of copy area for each linear foot of building frontage. The building frontage is based on the roadway by which the site is addressed.
3. The combined copy area of a site's ground sign, façade sign and window sign cannot exceed the allowed sign copy area for the site.
4. A ground sign must not exceed 100 square feet in size and must not exceed 15 feet in height, as measured from the crown of the adjacent roadway.
5. Monument-type ground signs are recommended and required in some areas.

Temporary (Signs 3-16.4):

1. "Grand Opening" Signs (for new businesses only): Banners, pennants, balloons, feather flags, and streamers are allowed one time only for a change in use or a change in occupancy of the premises from 14 days prior to the change in use or occupancy until 30 days after the change in use or occupancy. Number of signs. One banner up to 16 square feet; two feather flags located as provided in Section 3-16.4(A); and, pennants, balloons, and streamers as can be accommodated on the tenants building façade
2. Inflatable Signs (cold-air balloons): shall be allowed only one time per calendar year per premises, and for not more than seven consecutive days. The inflatable sign shall not exceed a height of 30 feet nor exceed a maximum of 300 square feet in sign area.
3. Portable Signs (trailer signs): are permitted for a maximum of 30 days, after which the trailer sign shall be removed from the premises. A permit cannot be renewed nor can a permit be obtained for the same premises within a period of 120 days after the expiration of a permit. No more than two permits may be issued to the same premises in any one calendar year.

General Requirements for all Signs:

1. A licensed sign contractor must apply for all sign permits. Unless the property owner also occupies the premises.
2. All sign permit applications must include a scaled property survey.
3. No signs shall be placed in the public Right-of-Way nor shall a sign interfere with traffic circulation, parking, visual sight distances or landscape materials.
4. No off site signs are allowed.

Please contact the Casselberry Planning Division at (407) 262-7700 Ext. 1112 with any questions regarding signs.



City of Casselberry

4195 South U.S. Highway 17-92, Casselberry, Florida, 32707 • Telephone: (407) 262-7616
Fax: (407) 262-7637 • Website: www.casselberry.org

EMERGENCY CONTACT INFORMATION - POLICE

Please assist us by providing the following information. This information is used by the **Casselberry Police Department** for contacting key personnel in case of an emergency.

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____

Shopping Center Name (if applicable): _____

Cross Streets: _____

Property Manager: _____

EMERGENCY CONTACTS

After Hour Contact Name(s) & Number(s):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Alarm Company: _____

Alarm Company Phone #: _____

ADDITIONAL INFORMATION:

Signature: _____

Date: _____



CASSELBERRY POLICE DEPARTMENT

EBIZ REGISTRATION FORM

COURTEOUS



PROFESSIONAL



DEDICATED

eBiz: Stay updated by the Casselberry Police Department on events that may affect your business.

The purpose of eBiz is to provide a communication network linking businesses in the City of Casselberry with the Casselberry Police Department in the hopes of reducing criminal activity in the business community.

On an as needed basis, you will receive information via e-mail, regarding crime in your area. If there is an immediate threat or danger you will receive an eBiz Alert at the earliest possible time. This would apply to natural disasters as well as criminal events that may affect your business.

If you would like to sign up for eBiz, please fill out the information section below, and email, mail it or drop it off at the Casselberry Police Department located at 4195 South U.S. Hwy 17-92, Casselberry, Florida 32707. If you have any questions, please contact the Crime Prevention Officer at (407) 262-7616 x1061 or email to ebizalert@casselberry.org

An email address is required to participate.

BUSINESS NAME: _____

OWNER/MANAGER'S NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

TYPE OF BUSINESS: _____

EMAIL ADDRESS: _____

*****FOR OFFICE USE ONLY*****

_____ZONE Entered Date_____ Initials_____



City of Casselberry

95 Triplet Lake Drive, Casselberry, Florida, 32707 • Telephone: (407) 262-7725 Ext. 1714
Fax: (407) 262-7767 • E-mail: dswailes@casselberry.org • Website: www.casselberry.org

PRETREATMENT DISCHARGE SCREEN FORM

Application Date: ____ / ____ / ____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Applicant Name: _____ Title: _____
 Telephone Number: _____ Fax: _____
 Email: _____

Complete the following if applicable:

Corporation Address: _____
 City: _____ State: _____ Zip: _____
 Corporate Contact: _____ Title: _____
 Telephone Number: _____ Fax: _____
 New Business: Yes No New Management: Yes No
 Expected Completion/Opening Date (of the business) ____ / ____ / ____
Provide a brief description of your business: (List products and services)

Internal Use

- Permit not required
- Permit Required
- Provide a **General** Application
 - Provide an **Auto Related** Establishment Application
 - Provide a **Food Related** Establishment Application
 - Provide a **Dry Cleaners** Related Establishment Application
 - Provide an **X-Rays/Photo Processing Related** Establishment Application
 - Provide an **Industrial/Commercial** Establishment Application

Applicant needs to submit the following Application Fee/Permit Fee

- \$ 60.00 (Application fee only) exempt permit
- \$ 250.00 (Application fee and Permit fee) wastewater discharge permit

Location or Customer ID Sewer Services: Yes No

Fax returned to Community Development	____ / ____ Date / Initials			
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Comments: _____

