





**BUSINESS TAX RECEIPT CONSOLIDATED APPLICATION  
COMMERCIAL**

Osceola County Community Development Division  
1 Courthouse Square, Suite 1400  
Kissimmee, Florida 34741  
Phone No: (407) 742-0200 Fax No: (407) 742-0202

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**REQUIREMENTS FOR SUBMITTAL OF APPLICATION**

- (1) Application for permit filled out in its entirety with correct parcel number and original notarized signature of license-holder or owner-builder**
- (2) Address Notification Form from Public Safety/911 Addressing (if applicable)**
- (3) Proof of Ownership (warranty deed, tax bill or Property Appraiser printout.)**
- (4) Notice of Commencement if cost of labor and materials is greater than \$2500- (record and certify @ Courthouse –Recording Department)**
- (5) 1 Floor plan of current space being permitted.**
- (6) Lease agreement and /or notarized letter from land owner giving permission to pull permit.**
- (7) B.O.C.C. Tenant Occupancy Application Fee of \$478**
- (8) Local Business Tax Receipt Fee**

10/1 - 3/31 .....	\$30.00
4/1 - 6/30 .....	\$15.00
7/1 - 9/30 .....	\$45.00



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1. BUSINESS ADDRESS: \_\_\_\_\_ (CITY) (STATE) (ZIP)

2. PARCEL NUMBER: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

3. NAME OF BUSINESS: \_\_\_\_\_

NAME OF TENANT/BUSINESS OWNER: \_\_\_\_\_

TENANT/BUSINESS HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TENANT/BUSINESS OWNER'S EMAIL: \_\_\_\_\_

4. LANDOWNER'S NAME: \_\_\_\_\_

LAND OWNER'S ADDRESS: \_\_\_\_\_ (CITY) (STATE) (ZIP)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LAND OWNER'S EMAIL: \_\_\_\_\_

5. DESCRIBE THE NATURE OF PROPOSED IMPROVEMENTS:

TENANT OCCUPANCY – NO STRUCTURAL CHANGES \_\_\_\_\_

6. IF YOU ARE CHANGING THE USE OF AN EXISTING BUILDING OR STRUCTURE PLEASE LIST THE EXISTING AND PROPOSED USE.

EXISTING USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

7. ESTIMATED CONSTRUCTION VALUATION (INCLUDE LABOR AND MATERIALS).\$ \_\_\_\_\_

SQUARE FOOTAGE: LIVING (AIR CONDITIONED) AREA \_\_\_\_\_ NON – LIVING AREA \_\_\_\_\_

8. HEALTH DEPARTMENT INFORMATION:

City Water and Sewer:  Yes  No

Septic System:  Yes  No

Public Well:  Yes  No

**\*\*\*\*\* NOTICE \*\*\*\*\***

I UNDERSTAND THAT: SEPARATE PERMITS/APPLICATIONS MAY BE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICALS (i.e. heating, air conditioning, coolers, etc.), DRYWALL, FIRE SPRINKLERS, POOLS, SIGNS, BOILERS, HEATERS, TANKS, COOLERS, etc. THIS PERMIT APPLICATION SHALL BE DEEMED TO HAVE BEEN ABANDONED SIX (6) MONTHS AFTER THE DATE OF FILING FOR THE PERMIT, UNLESS BEFORE THEN A PERMIT HAS BEEN ISSUED. ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS OF NOT MORE THAN NINETY (90) DAYS EACH, MAY BE ALLOWED BY THE BUILDING OFFICIAL FOR THE APPLICATION, PROVIDED THE EXTENSION IS REQUESTED IN WRITING AND JUSTIFIABLE CAUSE IS DEMONSTRATED.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A "NOTICE OF COMMENCEMENT" MAY RESULT IN YOUR PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR "NOTICE OF COMMENCEMENT".**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet all provisions of laws and ordinances regulating construction in this jurisdiction. The granting of a permit does not presume to give authority to violate the provisions of any other applicable state or local codes and/or ordinances. Additional restrictions applicable to this property may be found in the public records of Osceola County. Additional permits may be required from other governmental entities such as water management districts, state agencies, or federal agencies. I certify that the information contained in this permit application is accurate and true.

\_\_\_\_\_  
TYPE/PRINT NAME OF TENANT/BUSINESS OWNER (DATE)

\_\_\_\_\_  
SIGNATURE OF TENANT/BUSINESS OWNER (DATE)