



CITY OF WINTER SPRINGS / SEMINOLE COUNTY BUSINESS TAX RECEIPT APPLICATION PACKET

1126 EAST STATE ROAD 434
WINTER SPRINGS, FL 32708-2799
TELEPHONE: (407) 327-5963 E-MAIL: BTR@winterspringsfl.org

Dear Business Owner,

On behalf of the Mayor, the City Commissioners, and City Manager, we thank you for doing business in The City of Winter Springs. Welcome!

Business Category

Identifying the category of your business is important in the application process.
There are 4 categories of Business Tax Receipt *BTR*:

- Home Based Regulated and Non-regulated in accordance with City Code [Chapter 10 – Licenses and Business Regulations, Sec. 20-452 Home Occupations or Home Offices](#)
- Commercial Regulated and Non-regulated in accordance with City Code [Chapter 10 – Licenses and Business Regulations](#) as a permitted or conditional use: [Sec. 20-231. – In General](#)

If you are unsure of the category of your business or have other questions regarding Business Tax Receipts, see attachment **Additional Information & Frequently Asked Questions**.

or,

The City's Customer Service Group is here to help. Phone Number: 407.327.5963

or,

e-mail questions to BTR@winterspringsfl.org.

Please answer the following questions

- Is the primary location of your business home based or zoned as commercial?
 - Home (If Home Based, sign and notarize the Residential BTR Affidavit.)
 - Commercial (Please complete the attached COMMERCIAL BUSINESS TAX RECEIPT SUPPLIMENTAL APPLICATION) page 3 of 7
- Does your business involve transient or itinerant solicitation?
 - Yes - *If Yes, City permitting and a Code Enforcement application review is required.*
 - No
- Does your business required that you maintain a State License (See FAQ)
 - Yes
 - No
- If your business name is operating under a fictitious name, is it registered with the Division of Corporation (sunbiz.org)? *Fictitious Name: business name that is OTHER THAN the owner's first and last name.*
 - Yes
 - No
- Does your business require a sales tax number from the Department of Revenue? (See FAQ)
 - Yes
 - No

Attach applicable documents with BTR submittal

- A copy of the owner & co-owner's valid driver's license.
- A copy or screenshot of active Fictitious Name registration.
- A copy of certifications and licensures
- If Commercial, include page 3.
- If Home Based, include the Residential BTR Affidavit



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GENERAL INSTRUCTIONS: Please complete this application with all information relevant to your business. For businesses requiring state licensure, certification, or registration, copies of those documents must accompany this application.

BUSINESS/OWNER INFORMATION

CHECK THE FOLLOWING THAT APPLIES: <input type="checkbox"/> HOME OFFICE		<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TRANSFER
If Transfer, Check One: <input type="checkbox"/> Name <input type="checkbox"/> Location <input type="checkbox"/> Owner		TRANSFERRED FROM:	
BUSINESS NAME:			
PRIMARY BUSINESS LOCATION:			
CITY/STATE/ZIP:			
PHONE:		EMAIL:	
MAILING ADDRESS (if different than primary business address):			
CITY/STATE/ZIP:			
BUSINESS OPENING DATE (in Winter Springs):		NATURE OF BUSINESS:	
OWNER/OFFICER LAST NAME:		FIRST NAME:	
HOME ADDRESS:		CITY/STATE/ZIP:	
MOBILE PHONE NUMBER:		DRIVER LICENSE NUMBER:	

FEDERAL/STATE INFORMATION NOTICE: Pursuant to Florida Statute 119.071(5), in lieu of a federal identification number, for issuance of a business tax receipt, the City of Winter Springs is required to collect your social security number. All information is subject to public record with the exception of social security numbers.

FEDERAL EMPLOYER ID # OR SOCIAL SECURITY #:	SALES TAX NUMBER (if applicable):
FICTITIOUS NAME AND/OR CORPORATION NUMBER (attach copy): <i>Fictitious Name: business name that is OTHER THAN the owner's first and last name</i>	
STATE LICENSE NUMBER (if applicable with attached copy):	

CERTIFICATION: I swear or affirm that the information contained herein is true and correct to the best of my knowledge and belief. I acknowledge that payment of the business tax does not waive the requirements of any City, County, State, or Federal ordinance, statute, rule or regulation that I must meet prior to entering into the business or profession for which the business tax is paid, nor does payment of the tax indicate that my place of business has any appropriate zoning or land development approvals. I acknowledge that I must contact Code Enforcement to determine the need for a zoning verification letter, site development order, building permit and/or certificate of completion/occupancy. I acknowledge that the City of Winter Springs Traffic Ordinance prohibits parking within the right of way of any road for the purpose of selling merchandise or services. I acknowledge ordinance requirements as indicated in City Code Chapter 10- Licenses and Business Regulations, Sec. 20-452 – Home Occupations or Home Offices and applicable permitted and conditional uses per the subject zoning district.

Printed Name of Applicant

Signature of Applicant

Date



**CITY OF WINTER SPRINGS / SEMINOLE COUNTY
COMMERCIAL BUSINESS TAX RECEIPT SUPPLEMENTAL APPLICATION**

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COMMERCIAL BUSINESS INFORMATION

 C-1

 C-2

 C-3

COMMERCIAL BUSINESSES:			
Number of Employees: _____ Square Footage: _____ Number of Vehicles: _____			
COMPLETE IF APPLICABLE			
RESTAURANT/LOUNGE: Number of Seats: _____ Serving Alcoholic Beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No Dancing/DJ <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Pool Tables: _____ Number of Coin-Operated/Vending Machines/ATM's: _____	GAS STATION: Number of Gas Nozzles: _____ Serving Food: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Coin-Operated/Vending Machines/ATM's: _____ Number of Coin-Operated Vacuums: _____	BEAUTY SALON/ BABER SHOP: Number of Employee Techs/ Chairs: _____/_____ Number of Independent Contractor Techs/Chairs: _____/_____ <small>*Independent contractors must have their own BTR Selling Products:</small> <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Nail Techs: _____ Number of Tanning Booths/Beds: _____	HOSPITAL: Number of Beds: _____ Adult Congregate Living: Number of Units/Rooms: _____/_____
DAYCARE/VPK Number of students/children: _____	RENTAL PROPERTY/APARTMENT: Number of units: _____	TRAILER PARK: Number of spaces: _____ Number of Coin-Operated Vending Machines/ATM's _____/_____	HOTELS/MOTELS/ BOARDING HOUSES: Number of rooms: _____ Number of Coin-Operated/ Vending Machines/ATM's: _____/_____
ATHLETIC/RECREATIONAL FACILITY: Number of Parking Spaces: _____ Number of Coin-Operated/Vending Machines/ATM's: _____/_____	AUTO/BOAT STORAGE: Number of spaces: _____	THEATER: Number of screening rooms: _____ Number of Coin-Operated/ Vending Machines/ATM's: _____/_____	FLEA/FARMER'S MARKET: Number of booths: _____

CERTIFICATION: I swear or affirm that the information contained herein is true and correct to the best of my knowledge and belief.

Printed Name of Applicant

Signature of Applicant

Date



City of Winter Springs and Seminole County Business Tax Receipt

Additional Information & Frequently Asked Questions

Additional Information:

Commercial: If your business is operating from a commercial property, complete page 3 of this packet.

Regulated: If you are unsure if your business is regulated, contact the Department of Business and Professional Regulations.

Transfers: If there is any change in your business name, location (including suite number), or ownership, an application must be submitted for transfer of your Business Tax Receipt(s). Your current Business Tax Receipt must be surrendered prior to issuance of your new Business Tax Receipt. A transfer fee will apply.

Exemptions: Florida Statute 205 allows for certain exemptions for the requirement for a Business Tax Receipt. See page 6 for qualification.

Seminole County Business Tax Receipt: The City of Winter Springs is partnered with Seminole County allowing Winter Springs to issue both the Seminole County and City of Winter Springs Business Tax Receipts.

Note: Submittal of this application for a City/County Business Tax Receipt does not allow the applicant to operate or engage in any type of business, profession, or occupation. The Business Tax Receipt must be issued.

Frequently Asked Questions

Q: Does my business require a Business Tax Receipt?

A: Any person or business entity, providing services or merchandise, located in the City Winter Springs, is required to maintain a BTR. Exemptions apply. See Florida Statute 205 and attached Exemption Application, page 6.

Q: Where should I display the Business Tax Receipt?

A: The Receipt must be displayed conspicuously at the place of business, visible to the public, and to a Field Compliance Officer.

Q: What is a Fictitious Name and why is it important?

A: Any business name, that is not the owner's first and last name, or, is not a registered corporation or LLC, is considered a Fictitious Name. Businesses with Fictitious Names are required to register with the Office of the Florida Secretary of State at 1-850-245-6058, or, on-line at www.sunbiz.org.



City of Winter Springs and Seminole County Business Tax Receipt

Frequently Asked Questions (continued)

Q: Does my Business Tax Receipt expire?

A: Yes, a Business Tax Receipt is valid for 1 year, expiring on September 30, each year.

Q: When is the due date to renew my Business Tax Receipt?

A: The Business Tax Receipt is due on September 30th of each year. The City of Winter Springs will send out renewal notices prior to the due date. Expect a renewal notice, mailed to the address on your application, in the month of August.

Q: What if I'm late, renewing past the October 1st renewal deadline?

A: In accordance with Florida Statutes, a penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency, not to exceed 25%.

Q: Should I File a BTR with Seminole County as well?

A: No, the City of Winter Springs partners with Seminole County allowing for a single BTR submittal with the City.

Q: What if I change locations?

A:

- a. If your business moves from the city, deactivate your account with written notice or e-mail to the city customer service group.**
- b. If your business moves but remains in the city, transfer the Business Tax Receipt. Call the City's Customer Service Group for instructions.**
- c. If your business is moving into the city, You must apply for a Winter Springs Business Tax Receipt.**

Q: What is required if my business has multiple locations in Winter Springs?

A: Each location requires a separately filed Business Tax Receipt for each location.

Q: What if I go out of business?

A: Notify the City of Winter Springs in writing. Attach the Business Tax Receipt.

Q: What if I purchase or sell my business during the year.

A: Contact customer service.



City of Winter Springs and Seminole County Business Tax Receipt

Frequently Asked Questions (continued)

Q: How do I know if I need a sales tax number?

A: You must register for Florida sales and use tax if you are conducting any of these activities:

- Selling products or services at wholesale or retail.
- Charging admission or membership fees.
- Operating coin-operated vending or amusement machines.
- Repairing or altering products or equipment.
- Renting equipment or other property or goods.
- Renting or leasing real property to others (includes commercial space, parking or docking space, residential or lodging accommodations).
- Providing taxable services (commercial pest control, nonresidential building cleaning, burglary and security services, and detective services).
- Buying or selling secondhand goods (including furniture, non-costume jewelry, sports equipment with serial numbers, musical instruments, guns, music CDs, videos, or computer games).
- Buying, selling or recycling salvage or scrap metals.
- Selling electric power or energy.
- Selling fuels at resale or retail.

Q: How do I obtain a sales tax number and/or a FEIN?

A: For a Sales Tax ID, contact the Florida Department of Revenue at 407-475-1200 or 800-352-3671.

For an FEID Number, contact the Internal Revenue Service at 800-829-1040. For forms, call 800-829-3676.

Q: How do I know if my business is 'regulated' or 'non-regulated'?

A: "Regulated" businesses are defined as those requiring state licensing, regulation, certification or registration. Regulated businesses are required to show proof of regulatory licensure prior to issuance of a City/County Business Tax Receipt. For more information, contact the Department of Business and Professional Regulation at (850) 487-1395 or visit www.myfloridalicense.com/DBPR/.



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GENERAL INSTRUCTIONS: Please verify if you meet any of the criteria to qualify for an exemption on your Business Tax Receipt. Please check the appropriate exemption box, attach all required documents, and submit this form along with the City of Winter Springs/Seminole County Business Tax Receipt Application.

F.S. 205.055: Exemptions; veterans, spouses of veterans and certain service members, and low-income persons

The following persons are entitled to an exemption from a business tax and any fees imposed under this chapter:

- (1) A veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unmarried surviving spouse of such a veteran.
- The spouse of an active duty military service member who has relocated to the county or municipality pursuant to a permanent change of station order.
- A person who is receiving public assistance as defined in s. 409.2554.
- A person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines.

**If a person who is exempt under subsection (1) owns a majority interest in a business with fewer than 100 employees, the business is exempt. Such person must complete and sign, under penalty of perjury, a Request for Fee Exemption to be furnished by the local governing authority and provide written documentation in support of his or her request for an exemption for the business under this subsection.

F.S. 205.064: Certain exemptions; Farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural, and tropical fish farm products

- A local business tax receipt is not required of any person for the privilege of engaging in the selling of farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural, or tropical fish farm products, or products manufactured therefrom, except intoxicating liquors, wine, or beer, when such products were grown or produced by such person in the state.
- A wholesale farmers' produce market may pay a tax of not more than \$200 for a receipt that will entitle the market's stall tenants to engage in the selling of agricultural and horticultural products therein, in lieu of such tenants being required to obtain individual local business tax receipts to so engage.

F.S. 205.162: Exemption allowed certain disabled persons, the aged, and widows with minor dependents

- All disabled persons physically incapable of manual labor, widows with minor dependents, and persons **65 years of age or older, with not more than one employee or helper, and who use their own capital only, not in excess of \$1,000**, may engage in any business or occupation in counties in which they live without being required to pay a business tax.
- The exemption provided by this section shall be allowed only upon the certificate of the county physician, or other reputable physician, that the applicant claiming the exemption is disabled, the nature and extent of the disability being specified therein, and in case the exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the right to the exemption shall be made.

F.S. 205.192: Exemption; Charitable, etc., organizations; occasional sales, fundraising

- A business tax receipt is not required of any charitable, religious, fraternal, youth, civic, service, or other similar organization that makes occasional sales or engages in fundraising projects that are performed exclusively by the members, and the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization.

_____/_____/20_____
Printed Name of Applicant & Date

Signature of Applicant

If you believe your business is exempt, select the exemption and provide documentation as required by F.S. 205.055, 205.162 or 205.192