

**CITY OF AVON PARK  
110 E. MAIN STREET  
AVON PARK, FL 33825**

**LOCAL BUSINESS TAX RECEIPT PRE-INSPECTION CHECKLIST**

New Business obtaining a Local Business Tax Receipt will require the following, prior to the issuance of a license. Each of these inspections requires a signature by the individual departments.

1. Zoning Department, City Hall  
110 E. Main Street, Avon Park, Fl 33825  
(863) 452-4403 \_\_\_\_\_  
Date \_\_\_\_\_
2. Code Enforcement, City Hall  
110 E. Main Street, Avon Park, Fl 33825  
(863) 452-4402 \_\_\_\_\_  
Date \_\_\_\_\_
3. Building Inspection, City Hall  
110 E. Main Street, Avon Park, Fl 33825  
(863) 452-4402 \_\_\_\_\_  
Date \_\_\_\_\_
4. Fire Inspection, Fire Department  
98 S. Delaney Ave., Avon Park, Fl 33825  
(863) 453-6557 \_\_\_\_\_  
Date \_\_\_\_\_
5. Police Department  
304 W. Pleasant Street, Avon Park, Fl  
33825 (863) 453-6622 \_\_\_\_\_  
Date \_\_\_\_\_
6. Utility Billing, City Hall  
110 E. Main Street, Avon Park, Fl 33825  
(863) 452-4433 \_\_\_\_\_  
Date \_\_\_\_\_
7. Hotel & Restaurant, Department of  
Agriculture or HRS if applicable.

Return completed attached application to the City Clerk's Office.

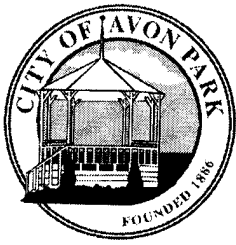
LBTR # _____
LBTR FEE _____
FF FEE _____
TR FEE _____
TOTAL _____

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

Type of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

**FOR OFFICE USE ONLY**



Office of the City Manager  
110 E. Main Street  
Avon Park, Florida 33825

## LOCAL BUSINESS TAX RECEIPT APPLICATION

### BUSINESS INFORMATION

Business Name: _____	Type of Business: _____
Address: _____	
Business Phone Number: _____	Opening Date: _____

### OWNER INFORMATION

Name: _____	Phone Number: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
DOB: _____	SS#: _____	Driver's License: _____

### PLEASE COMPLETE IF APPLICABLE:

Amusements/arcade operators/billiards or pool tables/bowling alley lanes:  
Number of each \_\_\_\_\_

Amusements and public performances for profit/Carnivals/Circuses:  
Number of days/weeks \_\_\_\_\_

Number of days business will operate \_\_\_\_\_

Apartments/Hotel/Motel – Number of Rooms \_\_\_\_\_

Barbershop/ Beauty Salon – Number of Operators \_\_\_\_\_

Restaurant – Number of Seating \_\_\_\_\_

Retail Merchant – Estimated value of inventory \_\_\_\_\_

Vehicles for hire/taxi service – Number of vehicles \_\_\_\_\_

Vending Machines/cigarette/game – Number of machines \_\_\_\_\_

State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

County License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Company Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please note it takes up to thirty days to process an application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Avon Park Fire Inspection Location Information  
Inspector: David Cloud Ph. 863-452-4401 FAX. 863-452-5090

**Business Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone: (Day)** \_\_\_\_\_ **(Night)** \_\_\_\_\_  
**Local Business Tax Receipt:** \_\_\_\_\_ **Current:** \_\_\_\_\_  
**Owner Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Emergency Contact 1:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Emergency Contact 2:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Property Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Business hours:** \_\_\_\_\_ **Hours Occupied:** \_\_\_\_\_  
**Number of Employees/occupants Day:** \_\_\_\_\_ **Night** \_\_\_\_\_  
**Fire Alarm Present:** (Yes) \_\_\_\_\_ (NO) \_\_\_\_\_ **Is System Monitored:** \_\_\_\_\_  
**Alarm Make/Model:** \_\_\_\_\_  
**Alarm Serviced By:** \_\_\_\_\_ **Ph.** \_\_\_\_\_  
**After Hours Alarm System Contact:** \_\_\_\_\_  
**Alarm Monitored By:** \_\_\_\_\_ **Ph.** \_\_\_\_\_  
**After Hours Monitor Contact Number:** \_\_\_\_\_  
**Alarm Reset code:** \_\_\_\_\_ **Sprinkler System present:** \_\_\_\_\_  
**Sprinkler System Serviced By:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Hood System Manufacturer:** \_\_\_\_\_  
**Hood Serviced By:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Knox Box Present:** \_\_\_\_\_ **Correct Keys in Box:** \_\_\_\_\_  
**Burglar Alarm Present:** \_\_\_\_\_ **Burglar Alarm Code:** \_\_\_\_\_