

CITY OFFICE USE: Transfer Fee \$ _____
City Fee \$ _____
County Fee \$ _____
Total Amount \$ _____

Classification # _____
Location # _____
Control # _____
License # _____

TRANSFER APPLICATION

City of Longwood, 175 W. Warren Avenue, Longwood, FL 32750-4197, Phone Number 407-260-3442

LICENSE YEAR: OCTOBER 1 - SEPTEMBER 30

FILING THIS APPLICATION FOR A CITY LBT RECEIPT DOES NOT ALLOW APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS UNTIL A LOCAL BUSINESS TAX RECEIPT HAS BEEN ISSUED. ANY PERSON, FIRM OR CORPORATION WHO ENGAGES IN ANY OCCUPATION, BUSINESS OR PROFESSION WITHOUT A LBT RECEIPT SHALL BE SUBJECT TO PENALTIES IN ACCORDANCE WITH THE CITY CODE.

Please TYPE OR PRINT FIRMLY & CLEARLY **PLEASE COMPLETE THIS FORM IF THIS IS A "NAME TRANSFER" _____ OR AN "OWNERSHIP TRANSFER" _____ (Please check one)**

1. Name of Business _____
2. Address of Business _____ Suite # _____
3. Mailing Address _____
Street City State Zip Business Phone
4. Describe in **detail** the operation of business / profession at this location _____
Number of Seats _____ Maximum Occupancy Load Required _____ Day Care Businesses: Number of Persons _____
5. Type of Business Equipment (non:office) vehicles to be used, stored, or parked on site _____
6. Number of EMPLOYEES _____ Square Footage of Office/Warehouse _____
7. Telephone Number where you can be reached to schedule Fire Inspection: _____
8. **Additional Requirements:** State License # _____ (Attach Copy)
Federal I.D.# _____ (Attach Copy)
Fictitious Name Registration# _____ (Attach Copy)
9. **HOME OFFICE:** I have read and understand the regulations and limitations set forth by the City of Longwood concerning Home Offices and my business shall meet said requirements. **(Longwood City Code Chapter 10, Section 24)** YES _____ NO _____
10. ADDITIONAL INFORMATION: _____
11. CHECK THE FOLLOWING WHICH APPLIES: Update _____ Transfer/Name _____ Transfer/Owner _____
(TRANSFER OF LOCATION OF AN EXISTING BUSINESS REQUIRES THAT YOU COMPLETE ANOTHER OCCUPATIONAL LICENSE FORM IN ITS ENTIRETY)
Transferred From: _____
Transferred To: _____

Signature of Applicant: _____ **Date:** _____

Ownership Information

Owners Name: _____ Title: _____

Address: _____

Phone Number: _____ D.O.B. _____ D.L.#: _____

Applicant Name (if other than owner): _____

Corporate and Partnership Information

Corporate Name: _____

Address: _____

_____ Phone Number: _____

Corporate Document # _____ (Attach Copy)

Officers or Partners:

Name: _____ Title: _____

Address: _____

Phone Number: _____ D.O.B. _____ D.L.#: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____ D.O.B. _____ D.L.#: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____ D.O.B. _____ D.L.#: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____ D.O.B. _____ D.L.#: _____

* PER SECTION 205.0535(5) Florida Statutes