

Application for Certificate of Land Development Regulations (LDR) Compliance and Local Business Tax Receipt (LBTR)

FOR OFFICE USE ONLY

- \square Approved
- □ Denied
- □ Approved with conditions as stated below

Planner Signature:

Please be sure to read and complete this application in full. Incomplete submittals will <u>not</u> be accepted. Α. □ NEW □ RENEWAL □ TRANSFER B. **PROCESS** Prior to occupying the space, meet with the City of Alachua Planning & Community Development Department to verify that use is permitted at the location. 2. Submit this Application for Certificate of LDR Compliance & Local Business Tax Receipt with all required attachments identified in Section E. C. **BUSINESS INFORMATION** Check all that apply: □ Name Change □ Ownership Change □New □ Location Change ☐ Mailing Address Change ☐ Home Occupation (must also submit Home Occupation Addendum to Local Business Tax Receipt Application) 1. Business Name (Doing Business As): If the business is exempt from filing a Fictitious Name Registration pursuant to Section 865.09, Florida Statutes, check the applicable box below: ☐ Business name indicates my full legal name ☐ Business name is an active corporation, LLC, LLP, Partnership or registered trademark ☐ Attorney; Regulated by the Department of Business & Professional Regulation; Regulated by the Department of Health 2. Description of Business Activity to Occur at this Location: 3. Business Physical Address:___

4.	Business Mailing Address:							
5.	Business Phone: ()		Email:					
6.	Local Contact Person:							
7.								
8.	Local Contact Phone:()	Email:					
9.	FEI# or SSN:							
	NOTE: Social Security numbers are solely for compliance with Florida Statute 205.0535: "A (Local Business Tax) receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed."							
10.	o. FL Sales Tax #:							
11.	Existing/Previous Use of Property:							
12.	2. Proposed Use of Property:							
	3. Number of Striped Parking Spaces on Site:							
	Square Footage of Building Occupied by Business:							
	5. Number of Employees:							
16.	If your business is one of the information:	ne following	business types pi	ease provide	tne applicable			
В	usiness Type	Quantity	Business Type	Business Type (
	etail/Merchant Inventory Value	Quartity	Restaurant	Seats	Quantity			
	aw Firm Attorneys		Apartments	Dwellings				
	eauty Parlor/Salon Chairs		Manufacturing	Employees				
	asoline Station Pumps		Parking Lot Vending Machine	Square Feet # of Machines				
	otel Rooms surance Company Agents		Barber Shop	Chairs				
P F	ROPERTY OWNER INFOR							
2.								
3.								
Α	TTACHMENTS							
1. 2.	Authorization from the Prope Copy of Fictitious Name Ce	•			_			

E.

D.

- Division of Corporations.
- 3. Copy of any applicable state licenses, certificates or registrations.
- 4. If a General Contractor current Liability Insurance and Workers Compensation or Exemption from Workers Compensation.
- 5. Completed After Hours Business Emergency Contacts Form.
- 6. Certificate of LDR Compliance review fee payable by check, cash, or debit/credit card (processing fee applies).

All attachments are required for a complete submittal. If the submittal is determined to be incomplete, the registration form and fee will be returned to the applicant.

I/We certify and acknowledge that:

- Prior to receiving a certificate of occupancy I/We must comply with the current Florida Building Code and must obtain any necessary permits.
- 2. I/We must comply with the requirements of the Alachua County Fire Marshall.
- 3. I/We must meet parking standards and any use specific standards for the zoning district.
- 4. Falsifying information on this Application for Certificate of LDR Compliance & LBTR may result in the Certificate of LDR Compliance and/or LBTR being revoked.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge.

Signature of Applicant			Signature of Co-applicant
Typed or printed name of applicant			Typed or printed name of co-applicant
Applicant's Title (if applicable)			Co-applicant's Title (if applicable)
STATE OF			
COUNTY OF			
This affidavit is acknowledged before m	e by means	or p	hysical appearance or online notarization on this day
of by			who is/are personally known to
me, orwho has/have produced			as identification.
Signature of Notary Public			(Seal)
Office Use Only: Review Date:			
LBTR Attachment Numbers Required:			
	and Reason N	lot Requi	red:
Zoning District:			
/ I			
Number of Parking Spaces Provided:			
Use Specific Standards Applicable:	□ Yes	□ No	If yes, LDR Section Number:
Accessory Use Standards Applicable:	□ Yes	□ No	If yes, LDR Section Number:
Home Occupation:	□ Yes	□ No	
If yes, has "Home Occupation Addendum"			
Aladala Damasa Liana Damin I	□ Yes	□ No	
Alcoholic Beverage License Required: Change of Use Permit Required:	□ Yes □ Yes	□ No □ No	
Comments/Conditions of Approval:		□ 1 10	
Comments, Conditions of Approval.			
Sign and fill in the box located at the top rig	ght corner of	page one) (1).
			••



After Hours Business Emergency Contacts

This information will be provided to Alachua Police Department in case of there is a need to contact a business after its normal business hours.

1.	Business	or Company Name:				
	Business or Company Phone:					
	Business or Company Physical Address:					
4.	Business or Company Email:					
	Website:					
		Contact Person #1:				
	Relationship to Business/Title:					
	Phone:	Home:	Cell:			
7.	Contact F	Derson #2:				
	Phone:	Home:	Cell:			
8.	Contact Person #3:					
	Relationship to Business/Title:					
	Phone:	Home	Cell:			