



**Community Development**

Building | Code Enforcement | Planning | Zoning

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**CITY OF LAKE ALFRED REGULATIONS ON HOME OCCUPATION USE**

*(PLEASE KEEP FOR YOUR REFERENCE)*

Per Section 7.10.00 of the Unified Land Development Code; Authorized home occupations shall comply with all of the following provisions:

- A) No person other than a member of the family residing on the premises shall be employed in the home occupation.
- B) The use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to the use of the unit for residential purposes by its occupants. Under no circumstances shall the residential character of the property be changed by the home occupation.
- C) No sign or display shall be provided to indicate from the exterior that the building is being used in whole or in part for any purposes other than that of a dwelling.
- D) Business activities associated with a home occupation, including storage of merchandise and materials, shall take place only in the principal structure.
- E) No home occupation shall occupy more than a total of 500 square feet of floor area.
- F) Traffic shall not be generated by the home occupation in greater volumes than would normally be generated by a dwelling unit in a residential area. No additional parking spaces shall be provided in excess of those required to serve the residential unit under Section 3.03.00.
- G) No equipment or process shall be used in a home occupation that creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses. In case of electrical interference, no equipment or process shall be used that creates visual or audible interference in radio or television receivers or causes fluctuations in line voltage off the premises.
- H) No articles or materials pertaining to the home occupation shall be stored on the premises, except inside the principal structure.

City of Lake Alfred  
120 E. Pomelo Street  
Lake Alfred, FL 33850



Phone: (863) 291-5748

[www.mylakealfred.com](http://www.mylakealfred.com)

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**PROCEDURE FOR APPROVAL OF HOME OCCUPATION**

Per Section 7.10.00 of the Unified Land Development Code a home occupation may be approved administratively by the Building Official upon payment of a review fee established by the City Commission and submission of an application containing the following information and documentation:

***Applicant must use the criteria listed in this application to support the request.  
(Use sheet that is provided, and attach additional sheets if necessary)***

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*I hereby affirm and swear that all the statements and information contained in this application herein are true.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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	<u>Document Provided</u>	
1. Deed	<input type="checkbox"/>	<input type="checkbox"/>
2. O.R. Book: _____ Page #: _____	Yes	No
3. Legal Description of Property and date recorded.	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete written description of the activity proposed.	<input type="checkbox"/>	<input type="checkbox"/>
5. Map of subject property and all surrounding properties within 100 feet of subject property's boundaries.	<input type="checkbox"/>	<input type="checkbox"/>
6. Certified survey of subject property (at Building Officials discretion):	<input type="checkbox"/>	<input type="checkbox"/>
7. Petition	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

Signatures of ALL property owners within 100 feet on a petition indicated no objection to the home occupation:

***LICENSE WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETED IN FULL.  
PLEASE ALLOW AT LEAST FIVE (5) DAYS FOR PROCESSING.***



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**PETITION  
HOME OCCUPATION USE**

**Property:**

Property Address: \_\_\_\_\_ Proposed Home Occupation: \_\_\_\_\_

I, \_\_\_\_\_ do hereby petition the City of Lake Alfred for a Home Occupation Use permit at the above address. I have contacted the owners of the property within 100 feet of the proposed Home Occupation Use and they have **NO** objections to the proposed Home Occupation.

<b>Address</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The request may be referred to the Planning Board for approval if signatures from all property owners within 100 feet of the subject property cannot be obtained, or for any other reason that may justify such referral. Home Occupation Use approvals shall be handled through the same process as a zoning district change or special exception approval.



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## BUSINESS TAX RECEIPT PROCEDURES

If you plan to open or operate a business in the City of Lake Alfred, you must follow these procedures to obtain a Business Tax Receipt (formerly known as an occupational license). Any variance from these procedures will delay the processing of your business tax receipt and the opening of your business.

### **ALL BUSINESS** operating within the city-limits:

**Business Tax Fee** – Once your application is completed, you must then pay the associated business tax prior to receiving your Business Tax Receipt and beginning operations. Even if you or your business type is exempt from the Business Tax Receipt fee, you must still complete the application.

**Required documents** – The City must receive copies of the following documents with the application.  
*\*Note: Only final issued documents from the State, County or other agencies will be accepted. No applications or pending submittal documents are acceptable.*

- 1) **Florida License, Registration and/or Certification** – Almost all businesses are required to be licensed by the State. The Florida Department of Business & Professional Regulation issues most licenses. Website: [www.myfloridalicense.com/dbpr/](http://www.myfloridalicense.com/dbpr/)
- 2) **Polk County Business Tax Receipt** – required for all businesses in Polk County. The Polk County Tax Collector can be reached at (863) 534-4700. Website: [www.polktaxes.com](http://www.polktaxes.com)
- 3) **Florida Sales Tax Certificate (when applicable)** – To obtain a Florida Sales Tax Number or resale number, contact the Florida Department of Revenue. Their Lakeland Office telephone number is (863) 499-2260. Website: [www.myflorida.com/dor](http://www.myflorida.com/dor)
- 4) **Business Federal I.D. number** – Federal I.D. Numbers are obtained from the U.S. Internal Revenue Service. The toll-free number for the IRS is (800) 829-3676. Website: [www.irs.gov](http://www.irs.gov)
- 5) **Business/Fictitious name** - A business that does not include the full first name and last name of the business owner is considered a fictitious name and must be registered with the Florida Secretary of State's Office. The Secretary of State's telephone number in Tallahassee is (850) 245-6058. Website: [www.sunbiz.org](http://www.sunbiz.org)

### **Business with physical locations within the city-limits:**

**Location and Zoning Approval** – The type of business must be permissible in the zoning district. You should first discuss the proposed use with the Community Development Department. Once the application is submitted the Community Development Department will issue a zoning verification letter for the file. **Home Occupations** also require the submittal of the Home Occupation Application for review.

**Inspections** – All business within the City require inspections. The Inspectors will check for code and safety issues. The inspection fee is \$35.00 and must be paid prior to scheduling the inspections.

- 1) **Building Inspector** - The City requires a minimum of five (5) business days to coordinate with the Departments to schedule their inspection of your establishment.
- 2) **Fire Inspector** – The Fire inspection will be scheduled prior to business opening. The Fire Inspector must see the establishment set-up for operation.

**Utilities** – Utilities can only be turned on once the Business Tax Receipt has been issued.. Temporary service is permitted for a 30-day period at a cost of \$100.00. There is a limit of 2 temporary service requests per business.

(PLEASE KEEP FOR YOUR REFERENCE)



# CITY OF LAKE ALFRED

120 E. Pomelo Street, Lake Alfred, FL 33850  
(863) 291-5748

## BUSINESS TAX RECEIPT ACCOUNT APPLICATION FORM

Please complete the following sections. (Please Print) Unless otherwise indicated:

**1) TYPE OF BUSINESS:** \_\_\_\_\_

**\*HOME OCCUPATION:** *If you operate from or receive supplies, materials, etc. at your Lake Alfred residence, please also complete the City's **Home Occupation Application.***

**2) BUSINESS NAME:** *Follow Instructions*

A. *List the name of the business:* \_\_\_\_\_

B. *If applicant is using their own legal name in their Business Name, go to Item 3.*

C. *If applicant is not using their legal name in the Business Name, please provide one of the following:*

**Provide the fictitious name of the business as provided by the Florida Department of State.**

\_\_\_\_\_  
**Provide an explanation or exemption to the fictitious name registration act.**

**3) NAME OF APPLICANT (Owner or Principal):** *Enter the applicant's legal name below*

First \_\_\_\_\_ MI. \_\_\_\_\_ Last \_\_\_\_\_ Sur \_\_\_\_\_

**4) BUSINESS LOCATION:** *Enter physical location of business.*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5) MAILING ADDRESS:** *Enter mailing address if different from physical location in Item 4*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6) TELEPHONE #1 ( ) \_\_\_\_\_ TELEPHONE #2 ( ) \_\_\_\_\_**

**7) FEDERAL TAX ID NUMBERS/SOCIAL SECURITY NUMBER:** \_\_\_\_\_

*Note: Social Security Numbers and Federal Tax ID Numbers are not subject to public record requests.*

*Note: Sole Proprietors enter Social Security Numbers. Other Business's enter Federal Tax ID Number*

**8) AFFIDAVIT:** *Carefully review and sign the following affidavit.*

*I acknowledge and understand the procedures of obtaining a Business Tax Receipt from the City of Lake Alfred. I, the undersigned, swear this application in its entirety is true and correct. I affirm that I, the business owner/principle of record will comply with all Federal, State and City requirements. I acknowledge and understand that this business tax receipt is issued pursuant to the information on this application. It does not waive any other requirements of any City, County, State or Federal Authority that is required prior to engaging into the activity, business, or occupation for which this application is being made.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LICENSE WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETED IN FULL.  
PLEASE ALLOW AT LEAST FIVE (5) BUSINESS DAYS FOR PROCESSING.**

### INTERNAL CHECKLIST

Required Documents

- FL License, Registration and/or Cert.
- Polk County Business Tax Receipt
- Business Federal I.D. Number

Staff Review

- Zoning Verification
- Building Inspection
- Fire Inspection

Processing

- Date Received: \_\_\_\_\_
- Date Processed: \_\_\_\_\_
- Processor: \_\_\_\_\_
- BTR Fee: \_\_\_\_\_
- Business No.: \_\_\_\_\_

Required If Applicable

- Florida Sales Tax Certificate
- Business/Fictitious Name
- Home Occupation Application

Fees

- Inspection Fee
- BTR Fee