



**LOCAL BUSINESS TAX UPDATE FORM**  
 Development Services – Building Division  
 150 N. Lakeshore Drive | Ocoee, FL 34761  
 Phone: 407.905.3104 | inspections@ocoee.org  
[www.ocoee.org](http://www.ocoee.org)



Receipt Number /LBT Number:

Received Date – Office Use Only

All respondents must complete the information below, if certain information does not apply to your business type, please mark that line item with “N/A”. Please return this form in the envelope provided.

**Business Name:**

**New Name:** (if applicable)  Include Documentation

**Site Address:**

**No. of Payroll Employees:** \_\_\_\_\_ **No. of Business Vehicles:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Business Phone No.:** \_\_\_\_\_

**Merchandise Inventory Value (Retail, Wholesale, Merchants) \$**

**Please indicate the number of items applicable to your business type:**

- |                                     |  |
|-------------------------------------|--|
| _____ ATM Machines                  | _____ Amusement/Arcade Machines                        |
| _____ Electrolysis Chairs           | _____ Delivery Drivers                                 |
| _____ Massage Therapist             | _____ Drive thru Windows                               |
| _____ Nail Chairs                   | _____ Pumping Stations _____ No. of Nozzles            |
| _____ Stylist Chairs                | _____ Carwash Stations                                 |
| _____ Tanning Beds                  | _____ Coin Operated Machines (Laundry/Vending)         |
| _____ Seats (Restaurants, Theaters) | _____ Rooms or Rental Spaces (Lodging/Nursing Homes)   |
| _____ Bars/Lounge                   | _____ Real Estate Rentals (Living/Office Units-Spaces) |
| _____ SQ. Total Warehouse Storage   | _____ Storage Facility Rental Units-Spaces             |

**State Licenses:** Must provide copies of current State Licenses for activities regulated by any state agency. Including and not limited to: Restaurants, Healthcare, Food Establishments, Food Retailers, Beauty Salons, Childcare, and Auto Repair etc. Failure to submit copies of applicable State Licenses will result in a delay of the renewal of your Local Business Tax for Fiscal Year 2020/21.

I, \_\_\_\_\_, own, rent, lease the property listed above. I certify that all information supplied to the City of Ocoee on this form is true and correct.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Business Closure Only**

To avoid a delinquent penalty, you must notify the City of Ocoee if you are no longer operating a business within the City limits. Business owner must sign and date below indicating the business closure.

Business Owner Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

