

**Patrick B. Langford**  
**HENDRY COUNTY TAX COLLECTOR**  
**PO DRAWER 1780**  
**LABELLE, FL. 33975**  
**PHONE: 863-675-5280 -FAX: 863-674-4087**  
[www.hendrycounttc.com](http://www.hendrycounttc.com)

Business name \_\_\_\_\_  
New \_\_\_\_\_ Change of ownership \_\_\_\_\_ Change of address \_\_\_\_\_

Dear Business Owner,

Thank you for your recent inquiry about a Hendry County Business License. Enclosed you will find the Hendry County Local Business Tax Application. Please complete the top portion of the application.

Below is a list of agencies you are required to get approval from for the business license. Please submit the application to these offices for signatures.

- |                                                                                                                                                         |                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Hendry County Planning &amp; Zoning</b><br>640 South Main St<br>LaBelle Florida 33935<br>863-675-5240 Myra Johnson          | <input type="checkbox"/> <b>Hendry County Building Dept.</b><br>640 South Main St<br>LaBelle Florida 33935<br>863-675-5245 Michele Williams                                                                                      |
| <input type="checkbox"/> <b>City of LaBelle</b><br>481 W Hickpochee Ave<br>LaBelle Florida 33935<br>863-675-2872                                        | <input type="checkbox"/> <b>Florida Department of Agriculture</b><br>800-435-7352<br><a href="http://www.freshfromflorida.com">www.freshfromflorida.com</a>                                                                      |
| <input type="checkbox"/> <b>LaBelle Fire Department</b><br>280 S Main Street<br>LaBelle Florida 33935<br>Josh Rimes<br>863-673-0468 CELL                | <input type="checkbox"/> <b>Florida Department of Business and Professional Regulation</b><br>850-487-1395<br><a href="http://www.myfloridalicense.com">www.myfloridalicense.com</a>                                             |
| <input type="checkbox"/> <b>Hendry County Health Department Environmental Health</b><br>1140 Pratt Blvd<br>LaBelle Florida 33935<br>863-674-4041 Ex 152 | <input type="checkbox"/> <b>State of Florida Division of Corporations</b><br>850-245-6052 - Corporations<br>850-245-0651 - Partnerships<br>850-245-6058 - Fictitious Names<br><a href="http://www.sunbiz.org">www.sunbiz.org</a> |

Type of Business \_\_\_\_\_.

Physical address of business: \_\_\_\_\_.

Is Property located in the City Limits: \_\_\_\_\_.

Is Property owned or leased: \_\_\_\_\_.

If Property is leased please provide a copy of the lease or a notarized statement from the property owner giving permission for you to operate a business from this location.

**HENDRY COUNTY**  
**LOCAL BUSINESS TAX APPLICATION**

NAME OF BUSINESS \_\_\_\_\_  
MAILING ADDRESS OF BUSINESS \_\_\_\_\_  
PHYSICAL ADDRESS OF BUSINESS \_\_\_\_\_  
OWNER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_  
SIGNATURE OF OWNER \_\_\_\_\_

**APPROVAL FROM OTHER DEPARTMENTS**

**HENDRY COUNTY PLANNING & ZONING**

THE FOLLOWING DESCRIBED PROPERTY (PIN) \_\_\_\_\_ IS WITHIN A \_\_\_\_\_ ZONE THAT  
DOES PERMIT THE OPERATION OF THE ABOVE BUSINESS. \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**BUILDING, LICENSES & CODE ENFORCEMENT**

APPLICANT HAS PROPER CERTIFICATAION OR REGISTRATION FOR THE OPERATION OF \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*ATTACH COPY OF COMPETENCY CARD AND STATE CERTIFICATION (IF APPLICABLE)\*\*\*\*\*

**CITY OF LABELLE/CLEWISTON**

THE FOLLOWING DESCRIBED PROPERTY (PIN) \_\_\_\_\_ IS WITHIN A \_\_\_\_\_ ZONE THAT  
DOES PERMIT THE OPERATION OF \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**FIRE MARSHAL**

INSPECTION OF THE ABOVE NAMED BUSINESS WAS MADE AND THE FACILITY DOES COMPLY WITH THE  
MINIMUM REQUIREMENTS OF THE STANDARD FIRE INSPECTION CODE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**HEALTH DEPARTMENT**

INSPECTION OF THE ABOVE NAMED BUSINESS WAS MADE AND THE FACILITY DOES COMPLY WITH THE  
MINIMUM REQUIREMENTS OF THE FLORIDA ADMINISTRATIVE CODE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**FOOD FACILITY**

INSPECTION OF THE ABOVE NAMED BUSINESS WAS MADE AND THE FACILITY DOES COMPLY WITH THE  
MINIMUM REQUIREMENTS OF THE FLORIDA ADMINISTRATIVE CODE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**FLORIDA DEPARTMENT OF AGRICULTURE:**

(850)488-2221 website: 800helpfla.com

REGULATES GROCERY STORES, CONVENIENCE STORES, PRE PACKAGED FOODS,  
BAKERIES, DELICATESSENS, MEAT AND SEAFOOD MARKETS, AUTO REPAIR,  
TELEMARKETING, HEALTH STUDIOS, AEROBICS, PAWN SHOPS, TRAVEL AGENCIES,  
BALLROOM & DANCE STUDIOS, WATER AND ICE VENDING, MOBILE FOOD VENDORS  
THAT SELL ONLY PRE PACKAGED FOOD, FOOD PROCESSING AND MANUFACTURING  
PLANTS, BEE KEEPERS, PRIVATE INVESTIGATORS, GAS STATIONS, RECOVERY AGENTS,  
SECURITY OFFICERS AND AGENCIES

**FLORIDA DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION:**

(800)435-7352 website: www.freshfromflorida.com

REGULATES RESTAURANTS, FOOD SERVICE FACILITIES, CATERING, MOBILE  
VENDORS THAT PREPARE AND SERVE FOOD

\*\*\*\*\*COPY OF FOOD INSPECTION REPORT MUST BE SUBMITTED WITH THIS APPLICATION\*\*\*\*\*

**TAX COLLECTOR**

APPLICANT HAS COMPLIED WITH ALL SECTIONS OF THIS APPLICATION NECESSARY FOR ISSUANCE OF  
THE LOCAL BUSINESS TAX RECEIPT. ACCOUNT NUMBER \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_