

Patrick B. Langford
HENDRY COUNTY TAX COLLECTOR
PO DRAWER 1780
LABELLE, FL. 33975
PHONE: 863-675-5280 -FAX: 863-674-4087
www.hendrycountytax.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"/> Hendry County Planning & Zoning
640 South Main St
LaBelle Florida 33935
863-675-5240 Myra Johnson | <input type="checkbox"/> Hendry County Building Dept.
640 South Main St
LaBelle Florida 33935
863-675-5245 Michele Williams |
| <input type="checkbox"/> City of LaBelle
481 W Hickpochee Ave
LaBelle Florida 33935
863-675-2872 | <input type="checkbox"/> Florida Department of Agriculture
800-435-7352
www.freshfromflorida.com |
| <input type="checkbox"/> LaBelle Fire Department
280 S Main Street
LaBelle Florida 33935
Josh Rimes
863-673-0468 CELL | <input type="checkbox"/> Florida Department of Business and Professional Regulation
850-487-1395
www.myfloridalicense.com |
| <input type="checkbox"/> Hendry County Health Department Environmental Health
1140 Pratt Blvd
LaBelle Florida 33935
863-674-4041 Ex 152 | <input type="checkbox"/> State of Florida Division of Corporations
850-245-6052 - Corporations
850-245-0651 - Partnerships
850-245-6058 - Fictitious Names
www.sunbiz.org |

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 _____