

*New Commercial Location*

           *New Home Occupation*

**Business Name:** \_\_\_\_\_

**d/b/a:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

An application, once submitted, will be routed for approval. Applicant may be contacted by City for additional information. Submission of application does not guarantee approval.

To verify the proper zoning for the proposed business location contact the Building Department (941-708-5833).

**When submitting an application for a Commercial or Home Location Business Tax Receipt to the Office of the City Clerk, please attach the following:**

- \_\_\_\_\_ Colored Copy of Valid Driver's License or other photo identification — F.S. 322.031 (1) In every case in which a nonresident, except a nonresident migrant farm worker as defined in F.S. 316.003(61), accepts employment or engages in any trade, profession, or occupation in this state or enters his or her children to be educated in the public schools of this state, such nonresident shall, within 30 days after the commencement of such employment or education, be required to obtain a Florida driver's license if such nonresident operates a motor vehicle on the highways of this state. The spouse or dependent child of such nonresident shall also be required to obtain a Florida driver's license within that 30-day period prior to operating a motor vehicle on the highways of this state.
- \_\_\_\_\_ Copy of Fictitious Name or Corporation Affidavit, if applicable. (Explanation on page 3)
- \_\_\_\_\_ Copy of State License or Certification, if applicable
- \_\_\_\_\_ Application Fee of \$25.00 (Non-Refundable) - Transfer fee is 10% of annual fee
- \_\_\_\_\_ Home Occupation only if renting -Notarized Landlord Affidavit— (see page 6)
- \_\_\_\_\_ Home Occupation only -Signed Letter on a separate piece of paper describing the home occupation

Upon approval of the application, the applicant for the required business will be notified of the business tax receipt dollar amount due. Business Tax Receipts are active from October 1 - September 30.

A courtesy renewal notice is mailed approximately one month prior to October 1; however it shall be no defense of nonpayment of any Business Tax Receipt required by this chapter that the person did not receive any bill or notice that the same was due from the city. (Ch58 Sec.58-52)

For more information on procedures relating to the City of Holmes Beach Local Business Tax, please refer to City of Holmes Beach Code of Ordinances, Chapter 58 Taxation, F.S. 205, or call 941-708-5800, ext. 221

\_\_\_\_\_ *New Commercial Location*

\_\_\_\_\_ *Transfer = 10% of annual fee PLUS*

\_\_\_\_\_ *Transfer fee @ \$25.00*

\_\_\_\_\_ *Currently in business & notified by City*

\_\_\_\_\_ *New Home Occupation*

**Business Information**

Name of Business: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Business (Be specific): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

FEIN #: *Required for LLC or Corp:* \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

State licenses applicable for this occupation: *(Attach copies of all certificates or licensing for occupation)* \_\_\_\_\_

**HOME OCCUPATION ONLY:**

Are you renting at this location? \_\_\_\_\_ If yes, Property Owner's Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

**IF RENTING, NOTARIZED LANDLORD AFFIDAVIT PAGE MUST BE COMPLETED - SEE PAGE 6**

Does your new location have an Alarm System YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please contact the Police Department directly to complete their form.

**Business Owner's Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Fictitious Name / Corporation Affidavit

- Business is incorporated and registered with the Secretary of State
- Business operated under Fictitious Name Documentation Number

**I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:**

- Doing business under my legal name.
- Business name is a registered trademark.
- Exempt due to being licensed by DBPR, attach copy of license.
- Federally chartered Bank
- Other \_\_\_\_\_

Other business information and contacts you may or may not need

### Fictitious Name Registration

If your business name does not contain your first and last name, you must register with the State of Florida, Division of Corporations in Tallahassee. This does not apply to corporations or to those certified with the DB&PR

If you wish to file as a corporation, contact: The Florida Department of State, Division of Corporations, P.O. Box 6327 Tallahassee, FL 32314 (850)488-9000, or at their web site [www.sunbiz.org](http://www.sunbiz.org)

If you are forming an **S-corporation**, you must also file Form 2553 with the **Internal Revenue Service**. Call (800) 829-4933 or check online at [www.irs.gov](http://www.irs.gov).

IRS General Information and Federal ID number  
1-800-829-3676

State of Florida – Department of Agriculture  
1-800-435-7352

Florida Department of Revenue---1-800-352-3671  
Web Site: <http://sun6.dms.state.fl.us/dor/taxes>  
Sarasota Service Center  
Sarasota Main Plaza  
1991 Main Street Suite 240  
Sarasota, FL 34236  
361-6001

Department of Business & Professional Regulation  
Division of Hotel & Restaurant 1-800-749-6369  
Division of Professionals 1-850-487-9501  
Web Site: [www.state.fl.us/dbpr](http://www.state.fl.us/dbpr)

**BUSINESS ACTIVITY CLASSIFICATIONS**  
**PLEASE COMPLETE AND CHOOSE ALL THAT APPLY TO YOUR BUSINESS**

1) **Type of CONTRACTOR?**       General Contractor       Subcontractor  
 State License # (if required) \_\_\_\_\_

2) **AUTOMOBILES**  
 Dealer: New cars, sales/repairs       Dealer: Used cars, sales/repairs  
 Taxi or Limousines # of Taxi/Limousines \_\_\_\_\_  
 Garage & filling station: including repair, sale of gas, oil, tires, accessories and parts  
 Car Wash       Vehicle Detailing       Vehicle Rentals       Motorcycles  
 Golf Cart Rentals       Low Speed Vehicles       Segways       Scooter Rentals

3) **BOAT DEALERS / BOAT YARDS** (Marinas – **\*\*\*Please complete separate Dec page on the docks you rent\*\*\* List all Charter Boat Captains with their addresses that rent at your location)**

Dealer: New or Used Boats, including sale of marine supplies (marine supplies only, see Merchant, retail)  
 Boat yard and marina, including dry dock or marine ways for care, repair or construction  
 Jet Skis – # of Jet Skis \_\_\_\_\_  
 Charter, Sightseeing or Rental Boats      Total # of Boats: \_\_\_\_\_ (if this line has been checked, please complete table below. Complete 1 line for each boat you have)

*Please complete table below for each boat being rented:*

<i>Type of Boat: Charter Boat, Sightseeing, or Rental (Please specify type of boat)</i>	<i>Boat's Maximum # of Person Capacity</i>	<i>Boat Registration or Document #</i>

4) **COIN OPERATED DEVICES** – (Any vending machine that dispense products, merchandise, or services or an amusement or game machine)  
**NOTE:** The business location is responsible for the required business tax for each coin operated device operated at your location.

# of Merchandise Vending Machines \_\_\_\_\_ # of Service Vending Machines \_\_\_\_\_  
 # of Amusement Machines \_\_\_\_\_ # of Pool Tables \_\_\_\_\_  
 # of Electronic Devices \_\_\_\_\_ # of Coin operated Washers etc. \_\_\_\_\_  
 # of Other: \_\_\_\_\_ # of Coin operated Dryers, etc. \_\_\_\_\_

5) **MERCHANTS RETAIL/WHOLESALE** - (Annual inventory value shall mean the dollar value (cost) of a business ending inventory as of the end of the most recently completed fiscal year)  
 Stock up to \$5,000       Stock from \$5,001.00 to \$10,000.00       Stock of over \$10,000.00

6) **RESTAURANTS, CARRY OUT, DRINKING ESTABLISHMENT:**  
 Exact # of Indoor Seating: \_\_\_\_\_ Exact # of Outdoor Seating: \_\_\_\_\_

- 7) **SERVICES** (If you provide any type of service) Details: \_\_\_\_\_
- 8) **WAREHOUSE:** –  mini storage  lockers
- 9) **FINANCIAL INSTITUTIONS:**  Banks  Savings and Loans  Credit Union  Mortgage Companies
- 10) **RENTAL/PROPERTY MANAGEMENT CO:** \_\_\_\_\_
- 11) **OTHER RENTALS:** *Choose all that apply*  
 Paddleboards, Kayaks  Bikes, Tricycle, or Tandems  
 Baby Supplies, Beach Supplies or similar rental
- 12) **BARBERSHOPS/BEAUTY PARLORS-** Each State Licensed individual is required to obtain an individual Local Business Tax Receipt– Please complete State Licensed Professional section and attach an additional sheet if needed  
 Total # of Chairs \_\_\_\_\_  
 Total inventory value of retail product for sale \$ \_\_\_\_\_  
 # of licensed barbers/beauticians/stylists/nail techs/massage therapists, etc. at your location receiving a W2:  
 \_\_\_\_\_  
 Receiving a 1099-MISC or renting their own station: \_\_\_\_\_
- 13) **PROFESSIONAL** – including but not limited to public accountants, brokers, architects, civil engineers, surveyors, osteopathy, physicians, veterinarians, lawyers, dentists, hair stylists, barbers, nail techs, massage therapists, tattoo businesses and artists, health or fitness clubs, personal trainers, aerobics instructors, etc. and any other similar profession which requires state licensing. The tax shall be construed to mean that each individual shall pay the tax provided for, whether practicing for their self or in partnership or employed by another, except where such employee is paid a straight salary only. Each State Licensed Professional is required to obtain an individual Local Business Tax Receipt – Please complete State Licensed Professional section and attach an additional sheet if needed  
 Please indicate profession: \_\_\_\_\_  
 Total # of licensed Professionals at your location receiving a W2 \_\_\_\_\_  
 Total # of licensed Professionals receiving a 1099-MISC whether practicing for themselves or in partnership or employed by another entity \_\_\_\_\_

**STATE LICENSED PROFESSIONALS:**

Name	Profession/Type of License	Address, City, Zip	Phone Number

# HOME LOCATION BUSINESS TAX RECEIPT

## UNDERSTANDING AND ACCEPTANCE OF CONDITIONS

***This page only needs completed if this is a Home Occupation:*** Any nonresidential use of activity, including those conducted via telephone, computer, internet, etc. carried out for gain by a resident and conducted as a customary, incidental, and accessory use in the resident's dwelling unit. This definition does not include work at home by an employee of a business that holds a business tax receipt registered elsewhere.

I, the undersigned, am applying for a City of Holmes Beach Business Tax Receipt for a business at a location which is now my residence in the City of Holmes Beach. By signing below, I acknowledge my understanding and acceptance of any conditions imposed for approval. In order to preserve the character of residential neighborhoods and minimize traffic and nonresidential disturbances, permitted home occupations may be operated only if they comply with all of the following:

1. The use must be conducted entirely within the habitable floor area of the dwelling unit by a member of the family residing in the dwelling unit. Only members of the family residing in the dwelling unit may assist or be employed with the Home Occupation use. For the purpose of this section, "the habitable floor area of the dwelling unit" is defined to include an attached garage so long as the garage remains closed while the home occupation use is being conducted within it.
2. No chemicals or hazardous substances are to be used or stored on the property, except those which are normally used for domestic or household purposes. No electrical or mechanical equipment, which causes outside interference, or in any way interferes with the neighboring landowner's use and enjoyment of their property, may be installed or used.
3. No commodities or products shall be displayed or dispensed on the property. There shall be no pickup of commodities or products from, nor delivery of commodities or products to, the property. Notwithstanding the foregoing restriction on pick-ups and deliveries, this subsection shall not be construed to prevent a single vehicle belonging to a student from staying at the residence or dropping off and picking up a student, when the home occupation within the residence is teaching, including academic tutoring and art or music lessons.
4. There shall be no external sign or evidence on the property that the dwelling unit is being used for the Home Occupation, and there is to be no pedestrian or vehicular traffic to or from the property in connection with the Home Occupation.
5. There shall be no noise, dirt, fumes, odor, vibration, radio, television or electromagnetic disturbance in connection with the Home Occupation that would disturb the neighborhood area.
6. The Home Occupation shall not noticeably detract from the outside residential character of the neighborhood.
7. There shall be no storage of any business equipment, supplies or machinery outside of the dwelling unit. (No outside storage)
8. There shall be no vehicles exceeding the size of a one-ton pick-up truck or van parked at the property.
9. No business tax receipt privileges may be assigned or transferred.
10. If a Home Occupation reaches a level of activity that detracts from the residential character of the area, it shall be considered a commercial or business activity and shall be required to relocate to an appropriate zoning district where such use is permitted.
11. Additional requirements and/or stipulations may be required by the city clerk, the building official and the mayor, or by the city commission, if the application has been referred to the commission for approval.

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APPLICANT'S SIGNATURE

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DATE

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APPLICANT'S NAME (PLEASE PRINT)

**HOME LOCATION BUSINESS TAX RECEIPT**  
**MUST BE COMPLETED BY PROPERTY OWNER IF RENTAL PROPERTY**

Date: \_\_\_\_\_

As owner and Landlord of property located at \_\_\_\_\_, I am aware that my Tenant  
\_\_\_\_\_, d/b/a \_\_\_\_\_, has  
applied for a Home Occupation Business Tax Receipt for that address.

I have no objection to my Tenant conducting their Home Occupation out of the rental property.

Property Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**NOTARIZATION REQUIRED:**

State of \_\_\_\_\_

County \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

Personally Known \_\_\_\_\_  
Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

In Foreign Countries – Oaths, affidavits, and acknowledgments, required or authorized by the laws of this state, may be taken or administered in any foreign country, by or before any judge or justice of a court of last resort, any notary public of such foreign country, any minister, consul general, charge d'affaires, or consul of the United States resident in such country. The jurat, or certificate of proof of acknowledgment, shall be authenticated by the signature and official seal of the officer or person taking or administering the same; provided, however, when taken or administered by or before any judge or justice of a court of last resort, the seal of such court may be affixed as the seal of such judge or justice.

**THIS PAGE IS TO BE COMPLETED BY BUSINESS OWNER**

*Per F.S. 205.0535(5) A Receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.*

The City of Holmes Beach collects your social security number for the following purposes: Compliance with State and Federal Requirements; identification and verification, billing and payments, benefit processing, and tax reporting. Social Security numbers are also used as a unique numeric identified and may be used for search purposes.

For your protection, this information is NOT entered into our database and is not available to the public.

Applicant/Business Name: \_\_\_\_\_

SSN: \_\_\_\_\_

OR

FEIN: \_\_\_\_\_

For questions please contact FL Department of Revenue at 1-800-829-4933

**THIS PAGE IS TO BE COMPLETED BY BUSINESS OWNER**

I hereby certify that the information in the application is true and correct and that I am the owner of the Business. I further understand that providing false or misleading information on this application may result in being denied, or loss thereof, of any business tax receipts or permits issued by the City of Holmes Beach which were based upon information provided in this application and its attachments. I further understand that if there are any subsequent changes in the operation of my business as stated above, that I will agree to file the necessary application and seek prior approval from the City of Holmes Beach for any such changes. Failure to obtain the necessary approval will result in the loss of business tax receipts or permits issued by the City of Holmes Beach that were based on this application.

By executing this application, I acknowledge that the business is subject to local, state and federal laws and regulations. I acknowledge that the business and its intended use must comply with all applicable regulations.

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt by the City of Holmes Beach does not constitute a determination by the City that the property/business for which the tax is being paid is in full compliance with applicable federal, State, and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

Business Name: \_\_\_\_\_

\_\_\_\_\_  
Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Please print name (Business Owner)

***Notarization Required***

State of \_\_\_\_\_

County \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Personally Known \_\_\_\_\_

\_\_\_\_\_  
Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Name of Notary Typed, Printed or Stamped

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