

CITY OF HOLMES BEACH

5801 MARINA DRIVE HOLMES BEACH, FL 34217
PHONE: (941) 708-5800 FAX: (941) 708-5812

General Information (3 pages) - Property Management - Rental Business Tax Receipt

Business Tax Receipts apply to all rentals, including Annuals and are administered by the City Clerk's office. Business Tax is currently \$31.90 per unit.

Tax Receipts renew annually. Renewals are sent out mid to late August. All Tax Receipts expire September 30th of every year.

Applications may be New or a Transfer. All applications are routed electronically to the Building Department and Code Enforcement for approval. Upon approval of application and receipt of any required documents, the City Clerk's office will issue a Tax Receipt to you.

At that time, the property is allowed to be advertised and made available for rent.

Per the City's Comprehensive Plan, the maximum overnight occupancy of a vacation rental unit shall not exceed six persons or two persons per bedroom, whichever is greater.

City's Code of Ordinances - Ch. 58 Local Business Tax may be viewed at www.municode.com

Once you have completed the process of obtaining a Rental Business Tax Receipt from the City Clerk's office, you have one more step to complete:

If a rental of less than 30 days

Ordinance 16-02 - Vacation Rental Certificate (VRC) was adopted
February 23, 2016 and applies to Rentals of less than 30 days.

The Vacation Rental Certificate is administered under the Code Enforcement Department. Code Officers James Thomas and Nate Brown can be reached at 941-708-5800 x247 or at the following e-mail addresses:

thomasj@holmesbeach.org brownn@holmesbeach.org

The Ordinance is available on the front page of the City's website www.holmesbeachfl.org -
Ordinance 16-02

Please refer to the following two pages regarding Business Tax Exemptions.

Lori J. Kee, CBTO
Deputy City Clerk
City of Holmes Beach
5801 Marina Drive 34217
941-708-5800 x225 941-708-5812 fax
deputyclerk@holmesbeachfl.org



APPLICATION FOR LOCAL BUSINESS TAX RECEIPT FEE EXEMPTION

City of Holmes Beach
5801 Marina Drive, Holmes Beach, FL 34217
Phone: 941-708-5800 - City Clerk's Office

I attest that the business for which I am applying meets the Florida State Statute requirements for a Business Tax fee exemption in accordance with the item checked below, and I do hereby apply for the same.

Each owner must complete and sign, under penalty of perjury, a Local Business Tax Receipt Fee Exemption to be furnished by the local governing authority and provide written documentation in support of his or her request for an exemption for the business under this subsection.

Please choose those that apply and sign below.

F.S. 205.055 Exemptions; veterans, spouses of veterans and certain servicemembers, and low-income persons. -

(1) The following persons are entitled to an exemption from a business tax and any fees imposed under this chapter:

- A veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unremarried surviving spouse of such a veteran.
- The spouse of an active duty military servicemember who has relocated to the county or municipality pursuant to a permanent change of station order.
- A person who is receiving public assistance as defined in s. 409.2554.
- A person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines.
- (3) If a person who is exempt under subsection (1) owns a majority interest in a business with fewer than 100 employees, the business is exempt.

F.S. 205.162 Exemption allowed certain disabled persons, the aged, and widows with minor dependents. -

All disabled persons physically incapable of manual labor, widows with minor dependents, and persons 65 years of age or older, with not more than one employee or helper, and who use their own capital only, not in excess of \$1,000, may engage in any business or occupation in counties in which they live without being required to pay a business tax. The exemption provided by this section shall be allowed only upon the certificate of the county physician, or other reputable physician, that the applicant claiming the exemption is disabled, the nature and extent of the disability being specified therein, and in case the exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the right to the exemption shall be made. Any person entitled to the exemption provided by this section shall, upon application and furnishing of the necessary proof as aforesaid, be issued a receipt which shall have plainly stamped or written across the face thereof the fact that it is issued under this section, and the reason for the exemption shall be written thereon.

(2) Neither this nor any other law exempts any person from the payment of any amount required by law for the issuance of a license to sell intoxicating liquors or malt and vinous beverages.

**A BUSINESS TAX RECEIPT IS NOT REQUIRED FOR THE FOLLOWING.
HOWEVER, ZONING MUST BE VERIFIED BY THE CITY AND A USE PERMIT MAY BE REQUIRED.**

F.S 205.064 Farm, Aquacultural, Grove, Horticultural, Floricultural, Tropical and Piscicultural and Tropical Fish Farm Products; certain exemptions.-

(1) Business owners engaged in selling of farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural or tropical fish farm products, or products manufactured therefrom, except intoxicating liquors, wine, or beer, when such products were grown or produced by such person in the state.

(2) A wholesale farmers' produce market may pay a tax of not more than \$200 for a receipt that will entitle the market's stall tenants to engage in the selling of agricultural and horticultural products therein, in lieu of such tenants being required to obtain individual local business tax receipts to so engage.

F.S. - 205.191 Religious Tenets; exemption. -

Those persons practicing the religious tenets of any church.

F.S. 205.192 Charitable, etc. Organizations; Occasional Sales, Fundraising; exemption. -

Any charitable, religious, fraternal, youth, civic, service, or other similar organization that makes occasional sales or engages in fundraising projects that are performed exclusively by the members, and the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization.

"UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE."

Applicant's Signature

Business Name

Printed Name

Date

Staff Use Only _____	<input type="checkbox"/> Driver's License
Business Tax Number _____	<input type="checkbox"/> Physician Certificate
	<input type="checkbox"/> Proof – Honorably Discharged Veteran
	<input type="checkbox"/> Other _____



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PHONE: (941) 708-5800 • FAX: (941) 708-5812

Application -Rental Business Tax Receipt (RBT) - Submitted by Property Mgmt

Completion or acceptance of an application for and issuance or payment of Rental Business Tax Receipt by the City of Holmes Beach does not constitute a determination by the City that the property 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 Tax Receipts renew annually – Expire September 30th

All information is required on this application – Incomplete applications will be returned.

Per the City's Comprehensive Plan, the maximum overnight occupancy of a Vacation Rental unit shall not exceed six persons or two persons per bedroom, whichever is greater.

___ New Application - \$25.00 Administrative Fee plus \$31.90 Per Unit (after April 1st please inquire for Business Tax amount due)

[941-708-5800 x225](tel:941-708-5800) or deputyclerk@holmesbeachfl.org

___ Transfer of current Tax Receipt – \$28.19 per unit (Please inquire if Business Tax should be included) 941-708-5800 x225

Rental Property Address:	
Property Owner(s):	
Owner Mailing Address:	
Cell:	Home Phone:
E-mail:	

___ IF OWNER IS A CORPORATION OR PARTNERSHIP, PLEASE ATTACH PROOF OF VERIFICATION.
In Florida, please go to www.sunbiz.org - Out of state- please refer to your state's website

To be completed by Staff			
RBT#:	Amount Paid:	Date Received:	Ck/Cash/CC:

Attach **one** of the following to show ownership of the property:

_____ Updated Profile page(s) from the Manatee County Property Appraiser www.manateepao.com

OR

_____ Copy of **recorded** warranty deed

Rental Property Address: _____

Parcel ID#: _____

For assistance www.manateepao.com

Zoning: (Circle One): R1AA R1 R2 R3 R4 A1

For assistance please contact Holmes Beach Building Dept - 941-708-5833

Property Description (circle one): Single Family Duplex Condo Other (describe):

Unit#: Bedrooms: Baths:

SF (Living/Business Area): SF (Total Under Roof):

Requesting to rent this property (circle one): Weekly Monthly Annual

Unit#: Bedrooms: Baths:

SF(Living/Business Area): SF(Total Under Roof):

Requesting to rent this property (circle one): Weekly Monthly Annual

Additional – (if additional pages are required please contact deputyclerk@holmesbeachfl.org)

Property Management Information

Company Name:

Mailing Address:

Office Number:

Rental Agent:

Cell Number:

e-mail:

All Property Owners to complete - Print additional pages as needed

I hereby certify that the information in the application is true and correct and that I am the owner of the property. By executing this application, I acknowledge that the property is subject to local, state and federal laws and regulations. I acknowledge that the property and its intended use must comply with all applicable regulations.

I understand that rental of a homesteaded property could result in loss of said homestead status and advantages. For further information please refer to F.S. 196.061 and contact Manatee County Property Appraiser at 941-748-8208.

Completion or acceptance of an application for and issuance or payment of Rental Business Tax Receipt by the City of Holmes Beach does not constitute a determination by the City that the property 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.

Per the City's Comprehensive Plan, the maximum overnight occupancy of a vacation rental unit shall not exceed six persons or two persons per bedroom, whichever is greater.

If your Property Management company changes or you no longer use the services of a Property Management company, an application for transfer of the Business Tax Receipt is required.

I authorize _____ to be my authorized Agent
(Management Company)

for the purpose of submitting this application.

Rental Property Address: _____

Property Owner Signature Date

Please print name (Property Owner)

Notarization Required

State of _____ County _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____,

by _____ who is personally known to me or
Property Owner

has produced _____ as identification.

Signature of Notary

Name of Notary Typed, Printed, or Stamped

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.

I hereby certify I am authorized by the Owner of _____
Rental Property Address
to submit this application, and to the best of my knowledge and belief the information in the application is true and correct. By executing this application, I acknowledge that the property is subject to local, State, and Federal laws and regulations. I acknowledge that the property and its intended use must comply with all applicable regulations.

Per the City's Comprehensive Plan, the maximum overnight occupancy of a vacation rental unit shall not exceed six persons or two persons per bedroom, whichever is greater.

I hereby certify this address has been registered with the Dept. of Business and Professional Regulation (DBPR) as a Vacation Rental (if applicable).

Upon receipt of your Annual Collective License, please forward a copy to deputyclerk@holmesbeachfl.org.

Rental Agent Signature

Date

Notarization Required

State of _____

County _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20_____, by _____
(name of person acknowledging - Rental Agent)

who is personally known to me, or has produced _____ as identification.

Name of Notary Typed, Printed, or Stamped

Signature of Notary

Please notify the City Clerk's office:

- If you are no longer managing this property
- If you are *considering* renting other than how you applied (weekly, monthly, annual)

City of Holmes Beach - Rental Business Tax Receipt Application

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.

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

Rental Property Address: _____

All Property Owners list Name - followed by social security number or FEIN# below:

Not a US citizen? Please provide Taxpayer Identification#: _____

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

RBT # _____ (to be completed by Staff)

Date Received: _____