



Local Business Tax Application Home Based Business

Required documents, please attach a copy of the following if applicable:

- Articles of INC/LLC and/or fictitious name certificate**
www.sunbiz.org or call (850) 245-6059
 - Professional License: Florida Dept. of Health**
doh.state.fl.us
 - State License: Dept. of Business and Professional Regulation**
myfloridalicense.com
- Requirement for Renters:** Owner's Notarized Letter of Approval

Required Documents for Cottage Food Operations

- Department of Agriculture and Consumer Affairs License/Report**
freshfromflorida.com
- Cottage Food Law Affidavit**

Please begin filling out the application on page No. 2

*****For Office Use Only*****

Business Name: _____

Site Address: _____

License No: _____ Fee Due: \$ _____ Date Paid: _____

****Approvals****

Zoning Code: _____ Approved Signature: _____ Date: _____

Special Conditions: _____

Please return the approved/disapproved documents to:

Permit Technician

Date Submitted



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Business Name: _____

Owner's Name: _____

Home Address: _____

Mailing Address (If different): _____

Business Ph: _____ Cell Ph: _____ Email: _____

Federal Employer ID No.: _____ FL Drivers Lic. No.: _____

Form of Business: Individual Partnership Corporation LLC ID No.: _____

Fictitious Name Registration Date: _____ Certification Attached []

Nature of Business (Please Be Descriptive): _____

Any use of Combustible Materials? **Yes** **No** If yes, attach description & location of storage. _____

No. of Employees (Including Owner): _____ No. of Business Vehicles: _____

No. of Rooms Used for Business: _____ Square Footage of Home: _____

Name & Phone of Property Owner (If Renting): _____

I, _____, own, rent/lease, the property listed above, for the purpose of operating the above listed business. I certify that all information supplied to the City of Ocoee on my application for Local Business Tax is true and correct. I acknowledge the City of Ocoee's right to revoke my tax receipt and take any other legal means necessary in accordance with Chapter 119 of the Code of Ordinances, City of Ocoee, Florida.

Applicant Signature

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification and who did not take an oath.

Signature of Notary Public

(Seal)



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RESIDENTIAL AFFIDAVIT

I, _____, am applying for a local business tax from the City of Ocoee, Florida; because my place of business is located within a residential district, I hereby agree to the following conditions:

- 1) The location of this business is residential; therefore, I shall only use this location for office and/or bookkeeping purposes in connection therewith.
- 2) I agree not to advertise this business in any way showing the address stated herein. This includes, but is not limited to, newspapers, telephone directory listings, business cards, business stationary, lettering on vehicles, etc.
- 3) I guarantee no person other than members of the family residing in the premises shall be engaged in such home occupation.
- 4) I guarantee that there will be no customers or other pedestrian and/or vehicular traffic coming to the premises in connection with this business.
- 5) I guarantee that there will be no inventory stocked on the premises, no warehousing or storage of any articles or merchandise used in connection with the business located at this address.
- 6) I certify that the vehicle used by me in connection with the business is not a commercial type which is otherwise prohibited within a residential district. I further certify that there will be no parking of other vehicles used by me or anyone else employed at this address.
- 7) I certify that I will comply with the City of Ocoee, Florida's Code of Ordinances.
- 8) I certify that all information supplied to the City of Ocoee on my application for a business tax receipt is true and correct, and I acknowledge the City of Ocoee's right to revoke my tax receipt and take any other legal means necessary in accordance with Chapter 119 of the City of Code, upon their determination.
- 9) In the event that the City of Ocoee determines that there has been any violation of this agreement, I further agree to cease all business activities at this address immediately upon due notice from the City of Ocoee.

Business Name: _____

Address: _____

Applicant Signature

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification and who did not take an oath.

Signature of Notary Public

(Seal)



Local Business Tax Application Home Based Business

Social Security #: _____

City of Ocoee Notice Regarding Collection, Use and Disclosure of Social Security Number

Florida Statutes:

205.0535 Reclassification and rate structure revisions.

(6) A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

119.071 General exemptions from inspection or copying of public records.

(5) OTHER PERSONAL INFORMATION.

- c. The Legislature intends to monitor the use of social security numbers held by agencies in order to maintain a balanced public policy.
- 2.a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is:
 - (I) Specifically authorized by law to do so; or
 - (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law.
- b. An agency shall identify in writing the specific federal or state law governing the collection, use, or release of social security numbers for each purpose for which the agency collects the social security number, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of social security numbers complies with the specific applicable federal or state law.
- c. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.
3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2. The written statement also shall state whether collection of the individual's social security number is authorized or mandatory under federal or state law.
4. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2., the agency shall immediately discontinue the collection of social security numbers for that purpose.