



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 & Proof of residence at the business site address

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 District:	Approval Signature:	Date:
Special Conditions: Outdoor display, manufacturing, or distribution activities are not permitted. Retail transactions are permitted within the dwelling only. Parking may not be on the street, within the right-of-way, over sidewalks or on grass or other unimproved surfaces. Heavy equipment/vehicles must be completely screened from the street and adjacent properties.		
Except for the signage permitted in Section 5-17C, LDC, there shall be no advertising visible from the street (including signage on vehicles or affixed to temporary structures). Tourist Home Certificate of Occupancy must be displayed not more than two (2) feet from the main entrance to the residence.		
Must comply with all requirements established in Section 5-17, LDC. Failure to maintain compliance with Section 5-17, LDC, may result in revocation of BTR.		

Please return the approved/disapproved documents to:

_____ Permit Technician

_____ Date Submitted



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Business Name: _____

Owner's Name: _____

Business 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

No. of employees working at the residence who are not a resident at the residence: _____

No. of Business Vehicles: _____

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

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

I, _____, own / lease the property listed above. I reside at the above address and am seeking approval to use my residence 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 by me by means of physical presence or online notarization 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 maintain the residential character of the residence and shall not engage in activities that are uncharacteristic of a residential neighborhood.
- 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 stationery, lettering on vehicles, etc. Tourist home may advertise the residence for transient guest lodging so long as there is no advertising visible at the residence or property from the street.
- 3) I guarantee that no more than two (2) persons, other than members of the family residing at the premises, shall be engaged in the home occupation at the residence.
- 4) I guarantee that no customers, employees, or other persons coming to the premises in connection with this business shall be parked on the street, in the right-of-way, on the sidewalk or on grass or other unimproved surfaces. Copy of survey/plan, drawn to-scale, showing on-site parking provided.
- 5) I guarantee that any retail transactions shall occur in the dwelling only and shall not occur in accessory structures or anywhere else on the property.
- 6) I guarantee that all inventory, heavy equipment, vehicles, and articles or merchandise used in connection with the business located at this address shall be completely screened by a six (6) foot wall.
- 7) I certify that I will comply with the City of Ocoee 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: _____

Affiant's Signature as Applicant

Sworn to or affirmed and signed by means of physical presence or online notarization on _____, 20____.

NOTARY PUBLIC
[Print, type, or stamp commissioned name of notary or clerk to the left of signature]

Affiant is personally known; or produced the following identification: _____.



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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.