



City of Flagler Beach

Building & Zoning Department

800 S Daytona Avenue, P.O. Box 70

Flagler Beach, Florida 32136

Phone (386) 517-2000 ext. 231

www.cityofflaglerbeach.com

Dear New Home Based Business Owner,

The Local Business Tax Receipt (LBTR), formerly known as Occupational License, Division welcomes you into the business community of Flagler Beach.

This package has been developed in an effort to provide a guideline for you to gather all necessary documentation required to complete your LBTR application process.

The LBTR Division hours are 8:00 am 5:00 p.m., Monday thru Friday.

If we can be of further assistance to you, please call us at (386) 517-2000 (ext. 231)

Please continue to scroll down to view the forms needed to complete your application.

PUBLIC RECORD INFORMATION

Please Note: A Business Tax Receipt may not be issued unless the federal employer identification number **OR** social security number is obtained from the person to be taxed pursuant to F.S. 205.054(5). The City of Flagler Beach recognizes that an individual's Social Security Number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. We redact the social security number from the application at the time of submittal to prevent it from being disclosed. However, we must collect this information to properly perform our duties and functions as a municipal corporation and to ensure such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's Social Security Number and in accordance with Sec. 119.071 (5) F.S. we are providing you with this statement.

We also request your email information however, this is optional. Florida has a very broad Public Records Law. Most written communications to or from the City of Flagler Beach officials and employees regarding public business are public records available to the public and media upon request. If you do not want your e-mail address released in response to a public-records request, do not include it on the application.

HOME BUSINESSES

Brief Description.

Occupations permitted to operate within a dwelling unit if they comply with the provisions set forth in this article.

A. Professional offices/services:

Accountants*

Architects*

Attorney*

Cosmetologist*

Computer service

Consultant

Court reporter*

Engineer*

Locksmith

Piano tuner

Real estate appraiser*

Real estate broker*

Real estate salesperson*

Secretarial service

*Requires state license

B. Custom dressmaking, seamstress, milliner:

Sewing alterations

Tailor

C. Artist or musician.

D. Tutoring for not more than one (1) student at a time:

Dancing School (specific commission approval required)

Music

E. Beauty or barber shop with only one operating chair.

- A local storage facility may be used as a business address.
- Proof of 6 (six) months rent paid in advance for a 5' X 10' (minimum) unit must be provided when the Business Tax Receipt Application is submitted.



HOME Business Tax Receipt Application Checklist

1. Completed Local Business Tax Receipt (LBTR) Application.
(Formerly known as Occupational License)
2. Completed Notarized Affidavit.
3. A copy of the current fictitious name registration issued by the Division of Corporations of the Department of State **or** if the business is a Corporation, a copy of the certification issued by the Division of Corporations of the Department of State and/or a copy of the corporate seal.
4. A copy of your State License(s) issued by the Department of Business and Professional Regulations if required for your Occupation. (If applicable)
5. Copy of Recorded Warranty Deed **OR** lease stating a home business is permitted. ***If this is not affirmed in the lease, a notarized statement from the property owner is also required.***
6. Application Review Fee of \$60.00.
7. Annual Fee \$55.12 due after application approved.
8. **A one time purchase of a 65 Gallon Tippy Cart for Sanitation Service is required. Once the fee is collected, the Sanitation Department will deliver your Tippy Cart.**

State Contacts:

MYFLORIDA.COM

MYFLORIDA./DBPR – State Licensure

MYFLORIDA.COM/DOR – Department of Revenue - Sales Tax registration

Daytona Office: 386-274-6600

SUNBIZ.ORG - To set up a Fictitious name, Corporation or LLC. 850-245-6058

CITY OF FLAGLER BEACH
APPLICATION
FOR
HOME BUSINESS TAX RECEIPT

Please complete all applicable items that pertain to your particular business application request. Knowingly filing false information could result in the application being denied or license revoked.

NAME AND MAILING ADDRESS

Business Name: _____

Type of Business: _____
(Please give details of business activity)

Business Address: _____

Business Phone: _____ Home Phone: _____ E-mail: _____

Applicants Name: _____

Mailing Address: _____

State License # (If required): _____ SS # or FEIN # _____
(Required by F.S. 205.054(5))

Please indicate your business' legal classification:

- Sole Proprietor
- Corporation
- Partnership
- Other Legal Entity _____

Business Property Legal Description: Parcel Number: _____ Lot: _____ Block: _____ Subdivision: _____

Zoning of Business Property: _____

List any other Businesses located at this property _____

I certify to the best of my knowledge all answers given above are true and correct.

Signature of Applicant

Date

.....
REVIEW COMPLETED

Department Head: _____ Date: _____

Comments: _____

****NOTICE****

FOR ALL HOME OCCUPATIONS: Monthly charges for sanitation services will increase.
If you have any questions please call the utility billing manager at (386) 517-2000 (ext. 226)

AFFIDAVIT

I/we, the undersigned, fully understand the meaning of (Article II Sec. 18-21 Home Occupations.), with regards to operating a business from my home address. Home businesses, as defined herein will be allowed in all residential zoning areas. Home businesses must at all times conform to the requirements herein expressed.

- (1) The applicant must demonstrate to the city clear evidence that the proposed or existing non-conforming home business will not:
 - a) Disturb the peace, quiet and domestic tranquility of the residential neighborhood;
 - b) Create excessive odor, noise, parking or traffic above that of the residential neighborhood;
 - c) Create a fire hazard or nuisance;
 - d) Use or generate toxic or hazardous materials or waste.

- (2) Home businesses are also subject to the following regulations:
 - a) No more than three (3) Home Business Tax Receipts will be issued to a single dwelling unit.
 - b) Permitted home businesses shall not include the employment of more than one additional person, for each receipt issued.
 - c) No stock in trade shall be openly displayed or maintained on the premises and no sales on the premises shall occur.
 - d) A home business shall produce no noise, or obnoxious odors, vibration, glare, fumes or electrical interference detectable to normal sensory perception, and shall be clearly incidental and secondary to the use of the dwelling unit for residential purposes.
 - e) No traffic or parking shall be generated by such home business in greater volumes than would normally be expected in a residential neighborhood, and only one (1) commercial vehicle no larger than one (1) ton may be kept at the dwelling unit where it is to be parked in the driveway or to the side or rear of the dwelling. No additional driveways, paved areas or entrances to home may be constructed.
 - f) There shall be no exterior indication of the home business, except that one non-flashing sign mounted flat against the building or non-flashing window sign having an area of not more than two (2) square feet shall be permitted on each street front of the lot on which the building is situated.
 - g) No mechanical equipment shall be used or stored on the premises in connection with the home business except that which is normally used for purely domestic or household purposes.
 - h) Home Business Receipts will be issued to rental properties provided a notarized statement has been submitted by the property owner acknowledging his/her approval of their property being utilized for commercial activity.
 - i) Any structural changes to the home must be for residential uses only.
 - j) Home Businesses are permitted entirely within the home or within an enclosed building or other structure accessory to the home, accessory buildings may be used for storage only if such use does not cause additional vehicle parking in driveway. Such accessory buildings must meet the set back requirements.

- (3) Home businesses shall be subject to all applicable city, county, state business licenses and other business taxes, rules and regulations in effect or that may later be adopted.

Any home business that is listed in section 18-18 shall pay residential water and sewer rates; however, beauty and barber shops shall be required to pay commercial rates. All home businesses shall pay trash fees as outlined in Code of Ordinances, Chapter 11, Section 11-7.

(Ord. No. 96-13, § 6, 7-11-96; Ord. No. 2003-02, § 2, 1-23-03)

I understand that the Local Business tax Receipt may be revoked if there is a violation of the Zoning Code

Signature of Applicant _____ Print name _____

STATE OF FLORIDA,

County of Flagler

Subscribed and Sworn to (or affirmed) before me by _____ on this ____ day of ____ 20__ who has is personally known to me or has produced _____ as identification. DID or Did not take on oath. (circle one)

Notary Signature

Print name of Notary Public

Notary Stamp/ Seal

Authorization For Home Based Business

Property Owner- by signing you are authorizing the applicant to utilize the designated property for a home based business.

Address: _____

Dates: _____

FOR PROPERTY OWNED BY A CORPORATION OR L.L.C., ONLY REGISTERED AGENT OR OFFICER SIGNATURE IS ACCEPTABLE

This is to certify that I am the **owner in fee simple of subject lands** described above. I am authorizing _____ to have a home based business at this location: _____
(Name)
(Address)

STATE OF FLORIDA,
County of Flagler

Subscribed and Sworn to (or affirmed) before me by

SIGNATURE OF OWNER

OWNER'S NAME (Print/Type)

ADDRESS (Street, City) & Phone Number

This ____ day of _____, 20____. Who is personally known to me or has produced _____ as identification.

Commission Number & Expiration

Notary Public