

Rev. Date: 7/17/2012

HOME LOCAL BUSINESS TAX CHECK LIST

1066 Ridgewood Avenue, Holly Hill, Florida 32117
Phone:(386) 248-9442/Fax: (386) 248-9498

HOME LOCAL BUSINESS TAX CHECKLIST

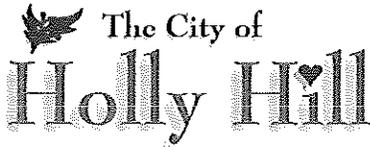
The following is a checklist of paperwork that may be needed for us to complete your licensing process. If you have any questions regarding these, please call our office.

1. Proof of Incorporation or LLC, if applicable, Certificate or Articles of Corporation.
2. Fictitious Name Registration – If you are NOT using your legal name in the title of the business.
3. Copy of State License, Registration or Certificate (depending on occupation)
4. Copy of drivers license or other picture ID
5. Proof of exemption - if claiming such, see page 1 of application
6. Occupational license fee - (depends of type of business)

ALL BUSINESSES MUST obtain a Volusia County Business Tax Receipt after receiving your Holly Hill Business Tax paperwork in the mail.

Incorporation, Limited Liability Corporation or Fictitious Name Registration can be obtain from the Secretary of States website: www.sunbiz.org

This can be obtained at their website: <http://www.volusia.org/revenue/BTRHelp/New.htm>



HOME LOCAL BUSINESS TAX APPLICATION

1065 Ridgewood Avenue, Holly Hill, Florida 32117
Phone:(386) 248-9442/Fax: (386) 248-9498

Rev. Date: 7/18/2014

Business Name _____

Owner's Name _____

Home Address _____ Phone # _____

Mailing Address (If Different) _____

Driver's License # _____ Date of Birth _____

State License (If Applicable) _____ E-Mail Address: _____

Federal Employer ID Number or Social Security # _____

Type of Business (Describe in Detail) _____

Exempt From Fee Only If: (Check One that Applies) 65 + yr. ___ - 10% Disabled Veteran ___ (exempt up to \$50.00)
Non-Profit, Charitable Organization ___

CERTIFICATE: I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that If any portion Is false or misrepresented, such fact may constitute a criminal violation of City Code, and cause for immediate revocation of any license issued to me. If any refund is due, please note that the application fee is non-refundable. I further understand that if I engage in a business under a fictitious name, I must comply with the "Fictitious Name Statute", Section 865.09, Florida Statutes.

Signature _____ Date _____

OFFICE USE ONLY

Zoning _____ Date _____ Official Signature _____

Comments _____

Classification(s) 80000/Home License - _____

License Fee: _____ LICENSE #: _____

Application Fee (non-refundable) \$20.00

TOTAL _____

Per Holly Hill Code of Ordinances - Home BTR's are only allowed in the following Zoning District's:
R-1, R-2, R-3, R-4, R-4A, R-5 - By Special Exception Only in R-9

AFFIDAVIT OF INTENT

I, the undersigned am applying for a City of Holly Hill Local Business Tax for a business at a location which is now my residence in the City of Holly Hill. It is my intent to use my residence for **OFFICE USE ONLY** for this business by strictly observing the restrictions as outlined below from the City Code.

1. No person other than members of the family residing on the premises shall be engaged in such occupation.
2. The use of the dwelling unit for the home occupational shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and not more than twenty-five (25%) percent of the floor area of the dwelling unit shall be used in conduct of the home occupation.
3. There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation.
4. No home occupation shall be conducted in any accessory building nor shall a carport or garage be enclosed for such purpose.
5. There shall be **NO** sales, assembling, processing, manufacturing, or storage in connection with such home occupation.
6. No traffic shall be generated by such home occupational in greater volumes than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupational shall be met off the street and other than in a required front yard.
7. No equipment or process shall be used in such home occupation, which creates noise, vibration, glare, fumes, odors, or electrical interference. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuation in line voltage off the premises.

PARKING & STORAGE OF COMMERCIAL VEHICLES SHALL COMPLY WITH CURRENT CITY CODES

Applicant's Signature

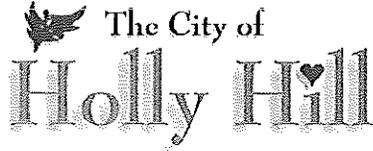
Date

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this _____
(Date)
by _____, who is personally known to me, or
(Person being Notarized)
who produced _____ as identification.
(Type of Identification)

NOTARY SIGNATURE

(SEAL)



Landlord/Tenant Affidavit (Home BTR)

I _____ do hereby authorize my tenant
Owner/Authorized Agent

_____ to obtain a home based
BTR (F/K/A occupational license) at my property located at:

Subject Property – include unit # if applicable

Owner Signature OR Authorized Agent

State of _____, County of _____

Sworn to and subscribed (affirmed) before me this _____ day of
_____, 20____ by _____

Personally Know _____ Produced ID _____ Type of ID _____

Notary Signature: _____

Notary Seal: