

INSTRUCTIONS & INFORMATION

(Commercial Unincorporated)

ATTENTION

Your application for Brevard County Business Tax Receipt cannot be processed until the requirements have been met and proof submitted with application. Original copies may be presented for verification when applying in person. Photocopies should be used when submitting by mail.

Instructions:

1. Complete the Business Tax Receipt and Zoning Use permit applications. For questions concerning these forms, contact the Tax Collector's Office at 321-264-6910 or 321-633-2199 ext. 46910. For questions pertaining to the Zoning section, contact Brevard County Zoning at 321-633-2070.
2. Provide a completed owner authorization form, current lease, or proof of ownership for the business property
3. If using a business name, provide a copy of the fictitious name registration and/or Corporation receipt from Florida Secretary of State
4. Other documents may be required depending on the type/nature of business you are conducting i.e. State of Florida Certification, Certificate of Competency, Florida Dept of Agricultural and Consumer Service Certification, auto dealer's license, etc.
5. Any application for a Business Tax Receipt located in an industrial or commercial area in the unincorporated area of Brevard County will be subject to a Building Occupancy Review. ADDITIONAL FEES MAY BE NECESSARY FOR THE REVIEW. For more information, please contact Brevard County Building Code at 321-633-2072.
6. Complete the Building Occupancy Septic Review form. For questions concerning this form, contact the Brevard County Health Dept for Environmental Health Services at 321-633-2100.
7. A Zoning Use Affidavit shall be required if you are applying for any medical type of business. Please submit this affidavit with your applications.
8. There may be an additional Hazardous Waste Surcharge due depending on the type of business you are conducting. The Hazardous Waste surcharge is \$40.00 for the 2010-2011 Business Tax year; however it does change each tax year per Brevard County Ordinance. The Tax Collector's Office will notify you if an additional surcharge is required or contact our office at 321-264-6910 or 321-633-2199 ext. 46910 to verify if a hazardous waste is required for your type of business.
9. **Please do not submit any fees with your application.** Once your application has been approved, you will be contacted and given the total amount due. If any further information or review is needed you will be contacted by the specific department for which the information is required.
10. Proof of personal identification is required.

Requirements (a copy of one or more of these requirements may need to be submitted depending on the business name and the nature of the business):

- Fictitious name registration and/or Corporation receipt from Florida Secretary of State. **(850) 488-9000**
www.sunbiz.org
- Certificate of Competency or State of Florida Certification [Contractors]. **County: 321 633-2058 State: 850-487-1395**
- State of Florida Certificate or Registration as subject to: Dept of Business and Professional Regulation or other Regulatory Boards. i.e., Florida Bar, State Dept of Health, Secretary of State, etc.
- Certificate(s) from Hotel & Restaurant Commission. **850-487-1395** (State of Florida Dept. of Business Regulation)
- Florida Dept of Agriculture & Consumer Services **800-435-7352**
- Auto Dealer's License [FL Dept of Highway Safety & Motor Vehicles] **321-383-2748**
- Second Hand Dealer License **321-504-0950 [Dept. of Revenue]** Notify Brevard County Sheriff Pawn Compliance: 321-617-7306

Mail to: Brevard County Tax Collector
PO Box 2500
Titusville FL 32781-2500

ZONING APPLICATION FOR BREVARD COUNTY BUSINESS TAX RECEIPT

COMPLETE THIS SECTION: {Print or Type}

- 1) BUSINESS NAME: _____
Individual Professionals: Skip Line #1 BUSINESS NAME = Trade Name D/B/A
- 2) OWNER(S): _____
- 3) TELEPHONE: Business: _____ Cell: _____
Home: _____ Fax: _____
- 4) LOCATION: _____
[Physical Street Address; NOT a P.O. Box]
- 5) MAILING ADDRESS: _____
(No.) (Street) (Suite, etc.)

(CITY) (STATE) (ZIP)
- 6) OPENING DATE OF BUSINESS, OR DATE BUSINESS ASSUMED OR RELOCATED: _____
- 7) NATURE OF BUSINESS: _____

(SPECIFY ACTIVITY / ACTIVITIES, TYPE OF SALES OR SERVICE)

ZONING VERIFICATION SECTION

COMPLETE ONLY IF BUSINESS IS LOCATED IN THE UNINCORPORATED COUNTY

- CHECK ONE: Industrial, Retail or Commercial Business Home Business
- In order to obtain a business tax receipt, adequate proof of ownership of the subject property is required. Such documentation may include copies of the deed to the property, a notarized letter from the owner of record, or lease agreements, contracts or other pertinent data.
- 1) LEGAL DESCRIPTION OF PROPERTY WHERE BUSINESS OR HOME BUSINESS WILL TAKE PLACE:
Township: _____ Range: _____ Section: _____ Subdivision: _____ Block: _____ Lot: _____
 - 2) Complete the attached Owner Authorization form or provide proof of ownership or an agreement or Contract reflecting permission to use the subject property.
 - 3) For a Commercial Business: Is there a building on the property of at least 300 sq. feet of floor space? YES NO
 - 4) For a Home Business: a) Is there a permanent residence located on the property? YES NO
b) What is the total number of employees? Owner: _____ Employees: _____

8) THE ABOVE INFORMATION AND STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I WILL COMPLY WITH ALL THE BREVARD COUNTY ZONING REGULATIONS AND ARTICLE II, CHAPTER 102, BREVARD COUNTY CODE. I have received and read the information and definitions pertaining to Zoning use permits, Home business and information for business tax receipt and will comply with all relevant provisions stated therein:

ANY PERSON FALSIFYING DOCUMENTS OR PROVIDING FALSE INFORMATION FOR THE PURPOSE OF OBTAINING ZONING APPROVAL FOR A BUSINESS TAX RECEIPT SHALL BE SUBJECT TO PROSECUTION AND A FINE NOT TO EXCEED \$500 OR IMPRISONMENT IN THE COUNTY JAIL FOR A PERIOD NOT TO EXCEED 60 DAYS, OR BOTH SUCH FINE AND IMPRISONMENT.

I hereby declare the preceding statements to be true to the best of my knowledge.

APPLICANT'S SIGNATURE X _____ DATE _____

DO NOT WRITE IN THIS BLOCK: ZONING'S USE

The above described property is located in a _____ Zone
Classification and the Commercial or Home business listed is:
 permitted within said classification as set forth in Section 62-1155, Brevard County Code.

Additional restrictions: _____

NOT PERMITTED: _____
a _____ Zone Classification is required
for this activity. _____
Zoning Division



**BREVARD COUNTY BUSINESS TAX
OWNER AUTHORIZATION FORM**

This form is not required if the applicant is the owner of the property for which the business tax receipt is being applied. Complete Section (1) or provide proof of authorization to use the subject property with any one of the documents listed below under Section (2).

SECTION (1)

APPLICANT'S NAME: _____

BUSINESS NAME: _____

PROPERTY OWNERS NAME: _____

PROPERTY ADDRESS: _____

PROPERTY DESCRIPTION:

____TOWNSHIP ____RANGE ____SECTION ____SUBDIVISION ____PARCEL/BLOCK ____LOT

NATURE OF BUSINESS: _____

I, _____, as the owner/legal representative of the above described property, and having the authority of same, do authorize the aforementioned Applicant and Business to utilize this property location to operate said business. (Signature MUST be notarized.)

Owner/Legal Representative

State of Florida, County of Brevard

Sworn and subscribed to before me this _____ day of _____, 201__.

Form of Identification Notary's Printed Name Notary's Signature

ANY PERSON FALSIFYING DOCUMENTS OR PROVIDING FALSE INFORMATION FOR THE PURPOSE OF OBTAINING ZONING APPROVAL FOR A BUSINESS TAX RECEIPT SHALL BE SUBJECT TO PROSECUTION AND A FINE NOT TO EXCEED \$500 OR IMPRISONMENT IN THE COUNTY JAIL FOR A PERIOD NOT TO EXCEED 60 DAYS, OR BOTH SUCH FINE AND IMPRISONMENT.

SECTION (2)

As an alternative to Section (1), provide any ONE of the following documents:

- A) Notarized letter from the owner of record
- B) Current copy of a lease agreement
- C) Copy of a contract
- D) Other pertinent data that authorize use of the property



BUSINESS TAX RECEIPT PROPOSED OCCUPANCY REVIEW

On July 23, 2002 the Board of County Commissioners adopted a new Change of Use Ordinance that became effective August 15, 2002. Each application for a Business Tax Receipt will be reviewed by the Zoning Division to determine the applicable zoning classification. Brevard County Building Code also reviews each application to determine if additional agency reviews or inspections are required or if a Change of Use Plan is required.

FEES:

The review fee for Zoning and Building Code is \$70.00 and will be charged for all approved Business Tax Receipt Applications that are not home based businesses. If during the initial review it is determined that Fire Prevention requires an inspection their fees will be assessed with those for Zoning and Building Code and must be paid before the review will be continued. The fees for the various reviewing agencies are listed below:

Zoning	\$25.00
Building Code	\$45.00
Fire Prevention	\$50.00

The total fee will depend on which agencies require a review and/or inspection.

REVIEW TIME:

From the time an application is approved by Zoning and received by Brevard County Building Code, it will take approximately 7 – 10 business days for the initial occupancy review to determine if a Fire Prevention inspection is to be required or if additional paperwork or other action is necessary. If a Fire Prevention inspection is required, they typically respond within 5 working days (after payment of the review fees). Building Code will then notify the Tax Collector's office with the results.

CONTACT:

Brevard County Building Code will coordinate the review process. If there are questions relating to the proposed occupancy review please contact Brevard County Building Code:

Brevard County Building Code
2725 Judge Fran Jamieson Way, Building A115
Viera, FL 32940
Phone (321) 633-2072



BREVARD COUNTY BUILDING CODE

2725 Judge Fran Jamieson Way, A115
Viera, FL 32940
(321) 633-2072 phone

BUILDING OCCUPANCY REVIEW

The information provided on this form will be used to help determine if the proposed use is consistent with the building's approved occupancy use and if any agencies need to review and/or inspect the site prior to occupancy.

MUST COMPLETE ALL INFORMATION IN THIS SECTION

Name of proposed business: _____

Nature of this business: _____

Use of site: Office Storage Other _____

Contact name: _____

Contact phone: _____ Fax: _____

Site address: _____
Street (including unit number) City State Zip

Building is _____ square feet Using _____ square feet

Seating capacity is _____ seats (for restaurants, salons, barber shops, etc.)

Customers WILL be coming to this location **OR** Customers WILL NOT be coming to this location

If it is determined that further reviews or inspections are required the cost for the review will vary depending on the reviewing agencies. **Review charges must be paid prior to completion of the review.** Do you want to proceed if agency reviews are required? Yes No

Single tenant building

Multi-tenant building. Name of building or complex _____

Strip Center. Name of center _____

Warehouse. Name of warehouse _____

Mini-warehouse. Name of mini-warehouse _____

Business name of previous occupant: _____

Nature of previous business occupant: _____

OFFICE USE:

- Approved
- Fire Inspection required*

Denied – change of occupancy permit required – contact Frank at 321-633-2072 x52677

Denied - Change of Use Plan or Site Plan – contact Land Development at 321-633-2065

- Zoning review fee \$25.00
- Building occupancy review fee \$45.00
- Fire inspection fee \$50.00

Signature of Reviewer

Date

Total fees due

* If a fire inspection is required the total fees due must be paid through Brevard County Building Code prior to inspection.

Zoning Use Affidavit

SECTION 1. APPLICANT CLAIMS.

I, **(print name)**, _____ as the applicant for the attached business tax receipt located at **(print street address)**: _____ state by way of this affidavit that use of this location will not be as a "Pain Clinic," "Pain Management Clinic" and "Cash Only Pharmacy" as set forth in Brevard County Ordinance 2010-13. The affiant represents that (s)he has read the definitions of "Pain Clinic," "Pain Management Clinic" and "Cash Only Pharmacy" described in section 2 below; that (s)he understands the definitions; and that the requested Business Tax Receipt will not be utilized in association with a "Pain Clinic," "Pain Management Clinic," or "Cash Only Pharmacy."

SECTION 2. DEFINITIONS.

(1) For the purposes of this affidavit, "Pain Clinics" and "Pain Management Clinics" shall mean any clinic, medical office, or medical practitioner's office that is not affiliated with a hospital, hospice, or other facility for the treatment of the terminally ill and having at least one (1) of the following criteria:

- (a) The primary business purpose of such clinic, medical office, or medical practitioner's office is to prescribe or dispense pain medication, identified in Schedules II, III, and IV in Sections 893.03, 893.035, and 893.0355, Florida Statutes, such as, but not limited to, opioids, including fentanyl, hydrocodone, morphine, and oxycodone, to individuals; or
- (b) The clinic, medical office, or medical practitioner's office holds itself out through advertising as being in business to prescribe such pain medication, as described in subsection a. of the criteria above, and which may or may not provide dispensing of pain medication on site.
- (c) The clinic, medical office, or medical practitioner's office employs one or more physicians who are primarily engaged in the treatment of pain by prescribing or dispensing pain medication, as described in subsection a. of the criteria above.

(2) For the purposes of this affidavit, a "Cash Only Pharmacy" shall mean a pharmacy that primarily dispenses medication in Schedule II, III, and IV in Sections 893.03, 893.035, and 893.0355, Florida Statutes, including but not limited to opioids, including fentanyl, hydrocodone, morphine, and oxycodone, to individuals for cash only and/or is not generally open and accessible to the general public.

By signing below, I represent and warrant that all information provided is accurate, current and complete to the best of my knowledge. I understand that falsification of information will result in, at a minimum, the immediate termination of my business tax receipt and may be subject to prosecution and a fine not to exceed \$500.00 or imprisonment in the county jail for a period not to exceed 60 days, or both such fine and imprisonment.

IN WITNESS THEREOF, the undersigned hereby sets his/her hand this _____ day of _____, 20_____.

Applicant: _____
Signature

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

S E A L _____
Notary's Signature

Name of Notary (Typed, Printed, or Stamped)