

# INSTRUCTIONS & INFORMATION

(Unincorporated Home Locations)

## 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 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. The applicable Business Tax (\$37.00) and Zoning fee (\$25.00) will be collected by the Tax Collector's Office. Please submit this amount with your application and other required documents
  6. 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 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 fee is required for your type of business.
  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. Proof of personal identification is required.
- The following activities are frequently approved as home businesses:  
Advertising, Arts & Crafts, Bookkeeping , Computer Programming , Consulting (no traffic to home office) , Drafting, Flower Arranging, Handyman (non-structural work) , Mail Order/Internet Sales, Sales Representative (with no deliveries or inventory), Seamstress, Secretarial Service  
To check if your business can be operated from your home, please call Brevard County Zoning at 321-633-2070.

**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).

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**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

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**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

# 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)