

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 \$50.00. 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.
9. **Please do not submit amount due 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. A Zoning Use Affidavit shall be required if you are applying for any gaming, arcades, computer services, internet cafe, gambling type of business. Please submit this affidavit with your applications. (Notary Required)
11. If you are applying fertilizer to turf/or landscape plants in the course of a commercial business (ex. Landscaping, yard care, etc.), you are required to provide a copy of a DOACS Certification issued by The Bureau of Entomology and Pest Control at 850-617-7997. If fertilizer is being applied to turf/or landscape plants to a business property by an employee of the business (ex. cemeteries, power plants, hotel/motel, schools, etc.), you are required to provide a copy of a Certificate of Training Best Management Practices by Florida Green Industries at 352-273-4517.
12. 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 **321-757-7070 [Dept. of Revenue]** Notify Brevard County Sheriff Pawn Compliance: **321-617-7306**

Mail to: Brevard County Tax Collector
P.O. Box 2500
Titusville, FL 32781-2500

To Apply In Person: Brevard County Tax Collector
400 South Street, 6th Floor
Titusville, FL 32780

APPLICATION FOR BREVARD COUNTY BUSINESS TAX RECEIPT

COMPLETE THIS SECTION: (Print or Type) Original Application Transfer / Correction of Existing Tax Receipt

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]
- IS THE SUBJECT PROPERTY WITHIN CITY LIMITS? Yes No IF YES, CITY RECEIPT # _____
IF NO, COMPLETE ZONING VERIFICATION SECTION ON BACK PAGE: (Brevard County Zoning Div. Ph # 321-633-2070)
5. MAILING ADDRESS: _____
6. OPENING DATE OF BUSINESS IN BREVARD COUNTY OR DATE BUSINESS ASSUMED: _____
7. FLORIDA SALES TAX REGISTRATION # _____ (If Applicable)
8. FIN # _____ - _____ OR SS# _____ *
9. CERTIFICATION OR STATE BOARD # _____
 (CONTRACTORS, PROFESSIONALS, ETC.)
10. NATURE OF BUSINESS: _____
 (SPECIFY ACTIVITY / ACTIVITIES, TYPE OF SALES OR SERVICE)
11. DO YOU APPLY FERTILIZER TO TURF AND/OR LANDSCAPE PLANTS? YES NO
 (See Instructions & Information Sheet for more information.)
12. EMAIL: _____ WEBSITE: _____

ACKNOWLEDGMENT:

Issuance of a Brevard County Business Tax Receipt DOES NOT certify compliance with related Florida Laws or Brevard County Ordinances. Although regulatory requirements for specified activities may have been required by Statute, failure to disclose specific activities (on line 10) may result in insufficient determination of known pre-requisites. Although zoning verification may have accompanied this application, specific violations are not defensible by issuance of this tax receipt.

Services, construction related activities, and other shall be responsible for determining the limitations of activities which otherwise require regulatory compliance (i.e. "Handyman" prohibited from Electrical, Plumbing, Roofing, etc. which requires Certificate of Competency, or State of Florida Certification). The Brevard County Business Tax Receipt shall be subject to revocation upon notification by appropriate Regulatory Agency, or knowledge by Tax Collector (& employees) that activities are engaged in which require Regulatory compliance, until such Regulatory requirement is fulfilled, or until prohibited activity ceases.

* Pursuant to Florida Statute 119.071(5)(a)2.a, the purpose for the Tax Collector's collection of an individual's social security number for this application is to comply with Florida Statute 205.0535(5) which requires that no local business tax receipt be issued unless the social security number is obtained from the person to be taxed.

I hereby declare the information submitted herein to be true to the best of my knowledge, and that I have read the above acknowledgment.

APPLICANT'S SIGNATURE X _____ DATE _____

DO NOT WRITE IN THIS BLOCK: TAX COLLECTOR'S USE		TRANSFER: <input type="checkbox"/> Ownership <input type="checkbox"/> Location
ACCOUNT # _____		RECEIPT AMOUNT _____
EXEMPTION _____ City Code _____		PRIOR YR. REC _____
		TRANSFER <input type="checkbox"/> \$5.00
CLASSIFICATIONS: _____	CERTIFICATION# _____	HAZ. WASTE GEN. FEE _____
_____	_____	ZONING _____
_____	_____	OCCUPANCY REVIEW _____
_____	_____	
Mailed / Distributed by: WEBSITE _____ Date: _____		TOTAL DUE: _____
<input type="checkbox"/> Advised of T.P.P. (Acct #): _____ Issued By: _____ Date: _____		Per Instruction Sheet You will be contacted and given amount due.

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: _____
- 6. OPENING DATE OF BUSINESS IN BREVARD COUNTY OR DATE BUSINESS ASSUMED: _____
- 7. NATURE OF BUSINESS: _____

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

- 8. DO YOU APPLY FERTILIZER TO TURF AND/OR LANDSCAPE PLANTS? Yes No
(See Instructions & Information Sheet for more information.)

ZONING VERIFICATION SECTION

COMPLETE ONLY IF BUSINESS IS LOCATED IN THE UNINCORPORATE 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 agreement, 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: _____

9. 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 state 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



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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Owner/Legal Representative

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 IMPROISONMENT 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 authorizes use of the property

6/27/2012)

(updated



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 and Fire Prevention also review each application to determine if there are any requirements prior to building occupancy for the proposed use.

FEES:

The review fee of \$85.00 will be charged for all Business Tax Receipt Applications that are not home based businesses. The fees for the various reviewing agencies are listed below:

Zoning	\$25.00
Building Code	\$45.00
Fire Prevention	\$15.00 (effective 10/01/12)

REVIEW:

It will take approximately 3 – 5 business days for the review of the application. Approval of the application for Business Tax Receipt does not indicate authorization to occupy the building or space. If a Fire Prevention inspection is required, they will contact the applicant to schedule an inspection and collect the annual inspection fee.

All agency requirements for occupancy must be met prior to occupancy of the building.

CONTACT:

If there are questions relating to the occupancy requirements please contact:

Brevard County Building Code
Phone (321) 633-2072

Fire Prevention
(321) 633-2056



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 email address: _____

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

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 – fee \$85.00

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

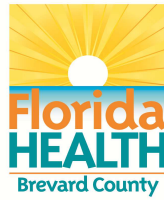
Denied - Change of Use Plan or Site Plan – contact Martha at 321-633-2072 x56309

Signature of Reviewer

Date

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

BUILDING OCCUPANCY SEPTIC 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 Environmental Health Services need to review and/or inspect the site prior to occupancy. Please contact 321-633-2100 for questions on this form.

Name of proposed business: _____

Nature of this business: _____

Use of site: Office Storage Other _____

Contact name: _____

Contact phone: (____) _____ Fax: (____) _____

Email address: _____

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

Building is _____ square feet Using _____ square feet

Sewer service OR Septic/Drainfield

Public or Private Water Service OR Well

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: _____

HD-163E (rev 04-14)

Office Use Only:

- Approved
- Denied
- On Hold

Signature of reviewer

Date

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" or "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.

UNDER PENALTIES OF PERJURY, I DELCARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Applicant Signature: _____ **Date:** _____

Zoning Use Affidavit

I, **(print name)**, _____, as the applicant (or applicant's authorized representative) for the attached business tax receipt located at **(print street address)**: _____, state by way of this affidavit that the requested Business Tax Receipt will not be utilized in association with unlawful gaming or gambling. The affiant represents that (s)he has read Chapter 849, Florida Statutes, as amended on April 10, 2013, and as may be amended thereafter; that (s)he has been provided with a handout distributed by the Florida Department of Law Enforcement; and that the requested Business Tax Receipt will not be utilized in association with an "Internet Café," "Adult Arcade," "Internet Sweepstakes," or other similar business except in strict compliance with the law.

By signing below, I represent and warrant that I am the applicant or an authorized agent of the applicant, and 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: _____
(Print Full Name of Applicant)

By: _____
(Affiant's Signature)

Its: _____
(Print Affiant's Position with Applicant)

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)



ELECTRONIC GAMBLING PROHIBITION AND COMMUNITY PROTECTION ACT

CS/HB 155 (Chapter 2013-2, Laws of Florida)

On April 10, 2013, Governor Rick Scott signed into law CS/HB 155 (Chapter 2013-2, Laws of Florida).

This legislation reaffirms that Internet Café & Sweepstakes adult arcades are not exempted by exceptions in the gambling laws for charitable or nonprofit organizations, laws permitting certain game promotions or sweepstakes, and/or laws authorizing skill-based games at arcade amusement centers.

Internet Café & Sweepstakes adult arcade business operators and employees have been, and continue to be, criminally charged under Florida gambling laws, Chapter 849, Florida Statutes, as well as criminal laws against racketeering and money laundering.

Continued unlawful operation or patronage of Internet Café & Sweepstakes adult arcades will subject individuals (owners, employees, and patrons) to criminal prosecution.

- F.S. 849.01 - Individuals who own, operate, or oversee a house or other place for unlawful gaming or gambling are guilty of a third degree felony.
- F.S. 849.02 - Agents or employees of such establishments are also guilty of a third degree felony.
- F.S. 849.233 - Unlawful possession of gambling devices, to include unlawful slot machines, is a misdemeanor.
- F.S. 849.08 - Individuals who engage in unlawful gambling activities are guilty of a misdemeanor.

Any person concerned that he or she may be engaged in actions that are in violation of Florida's criminal laws should seek advice from a private attorney.

