

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 321-264-6969 or 321-633-2199. 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. 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 321-264-6969 or 321-633-2199 to verify if a hazardous waste fee is required for your type of business.
 6. A Zoning Use Affidavit shall be required if you are applying for any medical type of business. Please submit this affidavit with your applications.
 7. A Zoning Use Affidavit shall be required if you are applying for any gaming, arcades, computer services, internet café, gambling type of business. Please submit this affidavit with your applications. (Notary Required)
 8. 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 (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 (352-273-4517).
 9. Proof of personal identification is required.
 10. 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.
- 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 **321-757-7070 [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 _____ | HAZARDOUS WASTE FEE | |
| CLASSIFICATIONS: _____ | MAY APPLY. (SEE PRIOR | |
| CERTIFICATION# _____ | PAGE FOR INSTRUCTIONS) _____ | |
| _____ | ZONING | \$25.00 |
| _____ | TOTAL DUE: Per Instruction Sheet | |
| Mailed / Distributed by: WEBSITE _____ Date: _____ | You will be contacted and given amount due. | |
| <input type="checkbox"/> Advised of T.P.P. (Acct #): _____ | Issued By: _____ | Date: _____ |

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

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)

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.

