



**CITY OF EDGEWATER**

**BUSINESS TAX RECEIPT PROCEDURES**  
**NEW BUSINESS & TRANSFER OF BUSINESS TAX RECEIPT (BTR)**

1. Complete application in its entirety. **THE OPERATION OF A BUSINESS IS NOT PERMITTED UNTIL A CITY BUSINESS TAX RECEIPT AND CERTIFICATE OF USE IS ISSUED. THIS PROCESS NORMALLY TAKES APPROXIMATELY TWO (2) TO THREE (3) WEEKS TO COMPLETE.**
2. Complete application in its entirety and return it to the City of Edgewater, Business Tax Official along with the following documents:
  - The business owners (or representatives) Florida Drivers License
  - Any required State License
  - Proof of Fictitious Name Registration and/or Corporate or LLC status.
3. Business tax will be paid upon approval of application and issuance of Certificate of Use. Fee information may be obtained from the Business Tax Official at 386-424-2400 X 1306.
4. **A VOLUSIA COUNTY BTR IS REQUIRED FOR ALL BUSINESSES.** Additional information may be obtained by calling 423-3322.
5. **Restaurants/Lounges** - The applicant must list the number of seats, number of bar stools, whether live entertainment is provided and if alcohol is to be served. A copy of the businesses State License is required. **Note:** Outdoor amplified entertainment may require a Special Activity Permit. Information can be obtained from the Development Services Department .
6. **School/Day Care** - The applicant must list the number of students and the number of staff. State Registration/Certification is required prior to issuance of license.
7. **Automotive Service/Repair/Gas Station** - The applicant must list the number of bays and the number of gas pumps.
8. **Pool Hall/Billiards** - The applicant must list the number of tables and the number of coin operated machines.

**CONTRACTOR/SUBCONTRACTOR DISCLOSURE STATEMENT**

State law requires any subcontractor who receives compensation for services rendered carry liability insurance and workers' compensation insurance and/or workers' compensation insurance exemption. You have applied for a Business Tax Receipt (BTR)/Certificate of Use to work as a subcontractor in the City of Edgewater. By signing this affidavit you are stating that you have complied with these requirements. Failure to do so will result in your City of Edgewater BTR/Certificate of Use being revoked. It is your responsibility to provide proof of liability insurance and workers' compensation insurance or worker's compensation exempt affidavit to homeowners and/or contractors when services are rendered.

**PLEASE COMPLETE THE SUBCONTRACTOR AFFIDAVIT AND ATTACH IT TO THIS APPLICATION.**

## STATE LICENSE

Businesses requiring a State License, please attach a copy with the application.

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### FOLLOWING IS A LIST OF PHONE NUMBERS AND/OR WEBSITES THAT YOU MAY FIND HELPFUL REGARDING YOUR BUSINESS TAX RECEIPT

#### *City of Edgewater:*

City Clerk's Office - 424-2400 X 1102  
Utilities Department - 424-2476  
Fire/Rescue Services - 424-2445  
Building Department - 424-2400 X1514  
Planning and Development Department - 424-2400 X1502  
Business Tax Department – 424-2400 X 1306

#### *Volusia County:*

Business Taxes 423-3322 - <http://volusia.org/revenue/BTRinfo.htm>  
Public Health (Office of Environmental Health) 386-424-2065

#### *State Agencies:*

Not sure if your business is state regulated? <http://csapp.800helpfla.com/CSPublicApp/AZGuide/AZGuideSearch.aspx>

The following is a list of state agencies you may need to contact prior to opening your business:

**To acquire a business name (DBA)** Division of Fictitious Names - (850) 245-6058 [www.sunbiz.org](http://www.sunbiz.org)

**To register a Corporation or LLC** - Division of Corporations - Corporations (850) 245-6052- LLC (850) 245-6051  
[www.sunbiz.org](http://www.sunbiz.org)

**State Sales Tax** Department of Revenue - 1821 Business Park Blvd. Daytona Beach 32114 - (386) 274-6600  
[www.myflorida.com/dor](http://www.myflorida.com/dor)

**Workers Comp Exemption** - [www.fldfs.com/WC/](http://www.fldfs.com/WC/)

**Department of Agriculture and Consumer Services** - (850) 488-3022 - [www.doacs.state.fl.us/](http://www.doacs.state.fl.us/)

**Department of Business and Professional Regulation** - (850) 487-1395 - [www.myflorida.com/dbpr/](http://www.myflorida.com/dbpr/)

**To sell motor vehicles** - Regional Office - Highway Safety and Motor Vehicles - 1342-C S. Woodland Blvd. DeLand, FL 32720 - (386) 740-3821 - [Highway Safety and Motor Vehicles](http://www.highwaysafetyandmotorvehicles.com)

**Sales Tax and Exemption** - 800-352-3671 - Website: [http://dor.myflorida.com/dor/taxes/sales\\_tax.html](http://dor.myflorida.com/dor/taxes/sales_tax.html)

**Workers Compensation** - 407-835-4406 – Website: <http://www.myfloridacfo.com/wc>

**Employer ID Number (FEIN #)** – 1-800-829-4933 - Website: <http://www.irs.gov/businesses/index.html>



# CITY OF EDGEWATER

## CERTIFICATE OF USE/BUSINESS TAX RECEIPT

Date: \_\_\_\_\_

**PLEASE READ INFORMATION PROVIDED**

Per Chapter 11, Section 11-9(a) of the City of Edgewater Code of Ordinances, no person, firm or corporation shall engage in or manage any business, profession, trade, amusement or industry in the city, without first making application and having procured a Certificate of Use and a Business Tax Receipt for each location or premise. Certificates of Use shall not be issued until a new business inspection is completed at the location or premise and found to comply with all requirements of the code of the city and all applicable laws and regulations.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Applicant's Name and title (if different than owner): \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_

Type of Ownership (Sole Proprietor, Corporation, Partnership, etc.) \_\_\_\_\_

Florida Drivers License Number: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax Exemption/ Veterans Claim Number (circle one - if applicable) \_\_\_\_\_

Federal Employee Identification Number: \_\_\_\_\_

Square footage of Building/Unit: \_\_\_\_\_

Property Owner's Name (if different than Business Owner): \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Property Owner's phone number: \_\_\_\_\_

Business Description: \_\_\_\_\_

Has location been previously licensed with the City of Edgewater?  YES  NO If yes, what type of business (include business name if known)? \_\_\_\_\_

Has location been vacant for any period of time?  YES  NO

If yes, for how long? \_\_\_\_ YEARS \_\_\_\_ MONTHS

Does property have access to an improved roadway:  YES  NO

Does Location Have an Alarm System: ( ) Yes ( ) No- ***If yes, alarm must be registered with the City.***

Number of paved parking spaces provided. \_\_\_\_\_ Number of Handicapped spaces \_\_\_\_\_

Number of Employee's (including self) \_\_\_\_\_ Will commercial vehicles and/or equipment be parked and/or stored at this location:  YES  NO If yes, please list the number and type of vehicles and/or equipment: \_\_\_\_\_

Is there any proposed signage for this location?  YES  NO If yes, a sign permit must be applied for from the Building Department.

Is any remodeling, electrical or plumbing work being done to this building/unit?  YES  NO

Building Permit # \_\_\_\_\_

**Merchants:** Approximate Inventory in Dollars: \_\_\_\_\_

**Merchants/Retail/Service-** Building/ Unit Square Feet: \_\_\_\_\_

**Automobile New/ Used Car Sales:** Total Parking Spaces: \_\_\_\_\_

**Restaurants / Lounges:** # Seats \_\_\_\_\_ # Bar Stools \_\_\_\_\_ Live Entertainment \_\_\_\_\_ Alcohol Served \_\_\_\_\_

**School / Day Care:** # Students \_\_\_\_\_ # Staff \_\_\_\_\_

**Automobile Service / Repair / Gas Station:** # Bays \_\_\_\_\_ # Pumps \_\_\_\_\_

**Pool Hall / Billiards:** # Tables \_\_\_\_\_ # Coin/Credit Card/Token Operated Machines(not vending) \_\_\_\_\_

**Any vending machines on Premises?** ( ) Yes How many? \_\_\_\_\_ ( ) No

**Storage of hazardous Materials:** ( ) Yes ( ) No (***If Yes, Attach Material Safety Data Sheets***)

**Exemption for Fictitious Name Registration Requirement**

I am exempt from the requirements of the Fictitious Name Act for my business \_\_\_\_\_ for the reason listed below: (Business Name)

\_\_\_\_\_ I am using my **full legal name** (first and last) in my business name.

\_\_\_\_\_ I am a **Corporate Officer**, part of a **Limited Liability Corporation**, or a **Registered Partner** in a Corporate Partnership my Corporate Name is my Business name, and my corporation is in Good Standing with the Florida Division of Corporations.

\_\_\_\_\_ I am **Registered or Licensed with the Florida Department of Business & Professional Regulation**.

\_\_\_\_\_ I am **Registered or Licensed with the Florida Department Health**.

\_\_\_\_\_ I am an **Attorney licensed with the Florida Bar Association**, forming a business for the practice of law.

\_\_\_\_\_ Other \_\_\_\_\_

Attached is proof of my exempt status (i.e. Certificate of Incorporation, State License, etc.)

**COMMERCIAL/INDUSTRIAL QUESTIONNAIRE**

Is Unit/Property on a septic system?  YES  NO (If yes, Approval for existing septic system must be obtained through the Volusia County Health Department prior to issuance of Certificate of Use.)

Will Industrial Waste Water be introduced into Sewer System?  YES  NO

Type of Business:  **Industrial**  **Commercial**  **Manufacturing**  **Other**

(a) Total number of employees:  0-5  6-15  16-50  51-100  101-300  300+

What type of operating permits does your facility currently have?

State/Federal Hazardous Waste  State/Federal Air Quality  NPDES/ Storm water  City of Edgewater Industrial Pretreatment Permit  
 Other: \_\_\_\_\_  None

Are any wastes hauled off site: Yes  No

If yes, please indicate the type of waste:

Acid/Alkalies  Solvents  Heavy Metal  Oil & Grease  Paint  Radioactive  
 Pesticides  Other: \_\_\_\_\_

Anticipated start date of first discharge \_\_\_\_\_

Estimate the volume of water used at your facility: \_\_\_\_\_ gallons per day

Estimated volume of wastewater discharged to the sanitary sewer: \_\_\_\_\_ gallons per day

Where is Potable water used in the facility (check all that apply):  Process/ Production  Broiler feed water

Non-contact cooling  Sanitary Irrigation  Fire Sprinkler  Equipment Cleaning  
 Other: \_\_\_\_\_  None

For each potable water line supplying this facility is there a backflow prevention device present?

Sanitary/ Process /Production / Equipment cleaning  Yes  No  
Irrigation  Yes  No  
Fire Sprinkler  Yes  No

Does the facility treat wastewater prior to discharge Yes  No

(b) If yes, please describe: \_\_\_\_\_

ALL INSPECTIONS MUST BE COMPLETE AND THE PREMISES MUST BE FOUND IN COMPLIANCE WITH ALL CITY AND/OR STATE CODES PRIOR TO THE ISSUANCE OF A CERTIFICATE OF USE AND BUSINESS TAX RECEIPT. I UNDERSTAND THAT ANY INSPECTION TRIP MADE NECESSARY BY THE RESPONSIBLE PARTY OR REPRESENTATIVE'S FAILURE TO APPEAR, SHALL IN ADDITION TO ANY OTHER FEES, BE CHARGED AN ADDITIONAL PROCESSING FEE IN THE AMOUNT OF \$15.00.

I DO HEREBY SWEAR OR AFFIRM THAT THE STATEMENTS MADE BY ME IN THE APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE CERTIFICATE OF USE IS VALID ONLY FOR USES FOR WHICH A VALID CERTIFICATE OF USE AND BUSINESS TAX RECEIPT HAS BEEN OBTAINED (EXCEPT WHERE EXPRESSLY STATED). THE PERMIT/RECEIPT HOLDER IS RESPONSIBLE FOR COMPLIANCE WITH ALL CITY, STATE AND FEDERAL REGULATIONS.

**BUSINESS TAX RECEIPTS AND CERTIFICATES OF USE EXPIRE ON SEPTEMBER 30 OF EACH YEAR. IT IS THE SOLE RESPONSIBILITY OF THE APPLICANT TO ENSURE LICENSE IS RENEWED.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_ Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

(Notary Seal)

\_\_\_\_\_  
**FOR OFFICE USE ONLY**

Industrial Pretreatment Permit Application Needed?

Yes

No

If yes, date Sent to Applicant \_\_\_\_\_