



**HOME BUSINESS CERTIFICATE OF USE/ TAX RECEIPT PROCEDURES**  
**NEW BUSINESS AND TRANSFER OF BUSINESS**

1. Applications can be obtained from Business Tax Official or on-line at <http://www.cityofedgewater.org/index.php/special-interest-links/business-tax-receipt-information>
2. A Certificate of Use must be obtained prior to payment of business tax.
3. Payment of Business Tax and Certificate of Use will be accepted upon approval of Certificate of Use and Business Tax application. You will receive a call from the Business Tax Official when the application has been approved. Processing takes approximately 2-3 business days.
4. Volusia County requires all businesses to obtain a County Business Tax Receipt. You must have proof of payment of your City of Edgewater business tax before you can apply for the County Business Tax. (Additional information may be obtained by calling 423-3322 or visiting their website – see below)
5. Please note that the Department of State requires registration of a Fictitious Name, the mailing address is: Fictitious Name Registration P O Box 1300, Tallahassee, Florida 32302-1300. The City requires proof of Fictitious Name Registration prior to approval of the application.

The following is a list of phone numbers that you may find of assistance regarding your Home Occupational application:

City of Edgewater 424-2400	<a href="http://www.cityofedgewater.org/">http://www.cityofedgewater.org/</a>
Volusia County business tax - 423-3322	<a href="http://www.volusia.org/revenue/BTRInfo.htm">http://www.volusia.org/revenue/BTRInfo.htm</a>
Fictitious Name Registration- (850) 245-6058	<a href="http://www.sunbiz.org/index.html">http://www.sunbiz.org/index.html</a>
Dept. of Business Regulations- (850) 487-1395	<a href="http://www.myfloridalicense.com/dbpr/index.html">http://www.myfloridalicense.com/dbpr/index.html</a>
Dept. of Agriculture- 1-800-488-3022	<a href="http://www.800helpfla.com/">http://www.800helpfla.com/</a>
Sales Tax and Tax Exemption (386) 274-6600	<a href="http://dor.myflorida.com/dor/taxes/sales_tax.html">http://dor.myflorida.com/dor/taxes/sales_tax.html</a>
Workers' Compensation-Orlando (407) 245-0896	<a href="http://www.myfloridacfo.com/wc/">http://www.myfloridacfo.com/wc/</a>

Complete application in its entirety and return it to the City of Edgewater, Business Tax Official along with the following documents:

1. The business owners (or representatives) Florida Drivers License
2. Any required State License
3. Proof of Fictitious Name Registration and/or Corporate or LLC status.

**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 NOTE THAT ISSUANCE OF A BUSINESS TAX RECEIPT DOES NOT SUPERSEDE ANY HOMEOWNERS ASSOCIATION REGULATIONS, DEEDS, COVENANTS OR RESTRICTIONS. PLEASE CONTACT YOUR HOME OWNERS ASSOCIATION OR REFER TO APPROPRIATE DOCUMENTS FOR ANY QUESTIONS REGARDING THIS MATTER.**

**BUSINESS TAX RECEIPTS AND CERTIFICATES OF USE EXPIRE ON THE SEPTEMBER 30<sup>TH</sup> OF EACH YEAR. IT IS THE SOLE RESPONSIBILITY OF THE BUSINESS OWNER TO ENSURE RENEWAL**

HOME BASED BUSINESSES MUST COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS AS WELL AS THE PROVISIONS CONTAINED IN THE CITY OF EDGEWATER LAND DEVELOPMENT CODE AS OUTLINED HERE:

**21-34.01 – Home Occupations**

The purpose of this Section is to provide criteria under which a home occupation may operate in the City's residential districts. The Home Business Tax Receipt is designed to allow for office type uses within a residence. No home business tax receipt shall be issued unless the City determines the proposed home occupation (business) is compatible with the criteria shown below:

- a. The use must be conducted by a member, or members, of the immediate family residing on the premises and be conducted entirely within the living area of the dwelling unit, not to exceed twenty percent (20%) of the dwelling unit space (excluding garage/carport) for the home occupation.
- b. No manufacturing, repairing, storing, or other uses that are restricted to commercial and industrial districts are allowed.
- c. No chemicals/equipment, supplies or material, except that which is normally used for household domestic purposes, shall be used or stored on site.
- d. Noise, dust, odors or vibrations emanating from the premises shall not exceed that which is normally emanated by a single dwelling unit. Activities that cause a nuisance shall not be permitted in residential areas.
- e. No electrical, electro-magnetic or mechanical equipment that causes any interference or excessive noise to adjacent dwelling units shall be installed or operated.
- f. No products, services, or signage may be displayed in a manner that is visible from the exterior of the dwelling unit, except signage required by state law.
- g. Except as provided in Section 21-35.03, no commercial vehicles or equipment shall be permitted in the driveway, or adjacent public right-of-way, including commercial vehicles used for mobile vending and no delivery of commercial products for the use of the business tax receipt shall be allowed. Normal/routine UPS, FedEx, or over-night mail shall not be considered commercial deliveries.
- h. The use of typewriters, computers, printers, photocopiers and fax machines will be permitted for office use and small machinery such as hand drills and small jigsaws for hobbyist uses. Hobbyist uses shall be limited to \$500 in total inventory.
- i. All home occupations shall be required to obtain a home business tax receipt pursuant to the requirements of Chapter 11 of the City Code of Ordinances prior to initiating operation.
- j. Garages, carports or similar structures, whether attached or detached shall not be used for storage of material or manufacturing concerning the home occupation (other than storage of an automobile).
- k. Any home business tax receipt that generates more than 10 vehicle trips per day shall require a City fire inspection. Excessive traffic shall not be permitted other than routine residential traffic.
- l. An applicant may appeal the denial of an application to the City Council pursuant to the requirements of the Land Development Code.
- m. No home business tax receipt shall be issued for any property until such time that any Code Compliance issues are resolved.
- n. If the applicant does not own the property, said applicant shall provide a signed and notarized affidavit from the property owner permitting a Home Occupation on their property, provided the use is permitted by the City.



# CITY OF EDGEWATER CERTIFICATE OF USE/BUSINESS TAX RECEIPT HOME BUSINESS

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

Application is hereby made for a home based City of Edgewater Certificate of Use and Business Tax Receipt for the privilege of engaging in business, profession or occupation hereinafter described:

Business Name: \_\_\_\_\_  
(attach proof of Fictitious Name Registration or proof of incorporation if applicable)

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

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

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

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

E-mail Address: \_\_\_\_\_

State License Number (where required, attach copy of lic.) \_\_\_\_\_

State Sales Tax ID Number (where required) \_\_\_\_\_

Florida Drivers License Number (**attach copy**) \_\_\_\_\_

Business Owners Date of Birth \_\_\_\_\_

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

Federal Employee Identification Number (if applicable): \_\_\_\_\_

Square footage of area used for business: \_\_\_\_\_

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)? \_\_\_\_\_

## Exemption for Fictitious Name Registration Requirement

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

\_\_\_\_\_ 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 Agriculture**.

\_\_\_\_\_ 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.)

**I HAVE READ, UNDERSTAND AND AGREE TO THE PROCEDURES AND CRITERIA FOR HOME OCCUPATIONS. (Section 21-34.01 – Home Occupations of the Land Development Code) 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 BUSINESS TAX RECEIPT HAS BEEN OBTAINED (EXCEPT WHERE EXPRESSLY STATED). THE BUSINESS OWNER IS RESPONSIBLE FOR COMPLIANCE WITH ALL CITY, STATE AND FEDERAL REGULATIONS.**

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

SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ PERSONALLY APPEARED AND PRODUCED

\_\_\_\_\_ AS IDENTIFICATION / IS KNOWN TO ME \_\_\_\_\_.

\_\_\_\_\_  
NOTARY – SIGNATURE

NOTARY SEAL

PROPERTY OWNER AFFIDAVIT

This form is required if the applicant is not the owner of record of the property listed on the certificate of use application. As an alternative to this form, the property owner of record may submit a notarized letter to the City of Edgewater stating that the named applicant is permitted to conduct the specifically requested business at the subject property. Please note that if a legal representative of the property owner is completing this form, proof of authority to act on the subject property must be submitted.

Applicant's Name: \_\_\_\_\_

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

Nature of Business: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

I, \_\_\_\_\_, as the property owner of record/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.

\_\_\_\_\_  
Owner/Legal Representative

State Of Florida  
County of \_\_\_\_\_

SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,  
\_\_\_\_\_  
PERSONALLY APPEARED AND PRODUCED  
\_\_\_\_\_ AS IDENTIFICATION/IS KNOWN TO ME \_\_\_\_\_.

\_\_\_\_\_  
NOTARY – SIGNATURE

\_\_\_\_\_  
NOTARY'S PRINTED NAME AND/OR SEAL

**STATEMENT OF FACT  
FOR SUBCONTRACTORS ONLY  
City of Edgewater – Building Department**

City of Edgewater  
State of Florida  
County of Volusia

Florida Statutes  
Sec. 440 & 489

*Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says as follows: "I have read and fully understand the provisions of this instrument."*

**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 an 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 Business Tax Receipt/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.

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

Nature of Business: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally known \_\_\_\_\_

Type of Identification \_\_\_\_\_

\_\_\_\_\_  
Notary Signature/Seal