

**CITY OF EDGEWATER  
FINANCE DEPARTMENT**

104 North Riverside Drive

P.O. Box 100

Edgewater, Florida 32132

customerservice@cityofedgewater.org

Phone: (386) 424-2400

FAX: (386) 424-2409



**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 Driver's 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 1305.
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 1305

#### ***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 - 1160 North Williamson Blvd. Daytona Beach, FL 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 - [www.flhsmv.gov](http://www.flhsmv.gov)

**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>

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**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 INFORMATION**

Name \_\_\_\_\_ Description \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

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

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

Local Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Owner Name \_\_\_\_\_ Applicant Name/Title \_\_\_\_\_

Type of Ownership ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ \_\_\_\_\_

State License No. (attach copy) \_\_\_\_\_ Florida DL No. (attach copy) \_\_\_\_\_

Tax Exemption Number \_\_\_\_\_ Veterans Claim Number \_\_\_\_\_

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

Do you wish to receive the City's bi-weekly email newsletter geared towards Edgewater businesses: ☐ YES ☐ NO

**PROPERTY OWNER INFORMATION (if different from business owner)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Has location been vacant for any period of time? ☐ YES ☐ NO; If yes, for how long? \_\_\_\_\_

Does Location Have an Alarm System: ☐ Yes ☐ No (**alarm systems must be registered with the City**)

Is there any proposed signage? ☐ YES ☐ NO (**sign permit required**)

Are there any proposed alterations to the building/unit/site? ☐ YES ☐ NO (**building permit required**)

# of employees_____	# of paved parking spaces_____	#of handicapped parking spaces_____	Building/Unit Square-feet_____
<b>Merchants</b> Approximate inventory in dollars: _____	<b>School / Day Care</b> # Students _____ # of instructional rooms_____	<b>Adult living facility</b> # of beds _____	<b>Assembly</b> # of fixed seats_____
<b>Auto Sales/Lease</b> # of vehicles for sale/lease_____	<b>Beauty/Barber Shops</b> # of chairs_____	<b>Hotel/Motel/B&amp;B</b> # of rooms_____	<b>Restaurant/Bar/Lounge</b> # of seats_____
<b>Medical/Dental/Veterinary</b> # of exam rooms_____	<b>Mini-Warehouse</b> # of offices_____	<b>Pool Hall/Billiards</b> # of pool tables_____	<b>Theaters</b> # of seats_____
# of vending machines _____	<b>Storage of hazardous materials</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach MSDS)		

**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 \_\_\_\_\_

**Attach proof of 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** \_\_\_\_\_