

**CITY OF EDGEWATER  
FINANCE DEPARTMENT**

104 North Riverside Drive  
P.O. Box 100  
Edgewater, Florida 32132

[doingbusiness@cityofedgewater.org](mailto:doingbusiness@cityofedgewater.org)

Phone: (386) 424-2400

FAX: (386) 424-2409



**BUSINESS TAX RECEIPT  
and CERTIFICATE OF USE  
PROCEDURES**

**NEW BUSINESS & TRANSFER OF BUSINESS**

1. Complete the application in its entirety. **THE OPERATION OF A BUSINESS IS NOT PERMITTED UNTIL A CITY BUSINESS TAX RECEIPT (BTR) AND CERTIFICATE OF USE IS ISSUED. THIS PROCESS NORMALLY TAKES APPROXIMATELY TWO (2) TO FOUR (4) WEEKS TO COMPLETE.**
2. Return the completed application to the City of Edgewater, Business Tax Office along with the following documents:
  - The business owner's (or representative's) Driver's License
  - Any required State License
  - Proof of Fictitious Name Registration and/or Corporate or LLC status.
3. Business tax and certificate of use will be paid upon approval of application. Fee information may be obtained from the Business Tax Office at 386-424-2400 X 1305.
4. **Delivery Services/Transportation Services/Warehousing** - The applicant must list the number of vehicles used for delivering items or services.
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 State License is required. Note: Outdoor amplified entertainment may require a Special Activity Permit. Information can be obtained from Development Services at (386) 424-2400 X 1502.
6. **School/Day Care** - The applicant must list the number of students, the number of staff, and the number of classrooms. State Registration/Certification is required prior to issuance of BTR.
7. **Automotive Service/Repair/Gas Station** - The applicant must list the number of bays and the number of gas pumps (count each handle for pumping). State Registration required for repair work.
8. **Pool Hall/Billiards** - The applicant must list the number of tables and coin operated machines.
9. **Car Wash** - The applicant must list the number of bays for washing, manual and automatic.
10. **Boats for Charter or Boats for Rent** - The applicant must list the number of boats available.
11. **Trailer Parks/Mobile Home Parks/Camp Grounds** - The applicant must list the number of sites.

## 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.

**If you are a handyman or subcontractor for construction work of any kind,  
PLEASE COMPLETE THE SUBCONTRACTOR AFFIDAVIT AND RETURN IT WITH 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

[www.CityOfEdgewater.org](http://www.CityOfEdgewater.org)

City New Business Help Page <https://www.cityofedgewater.org/ed/page/starting-business>

City Clerk's Office	(386) 424-2400 X 1102	CityClerk@CityOfEdgewater.org
Utilities Department	(386) 424-2400 X 4000	CustomerService@CityOfEdgewater.org
Environmental Services	(386) 424-2400 X 4007	EnvironmentalServices@CityOfEdgewater.org
Fire Inspector	(386) 424-2400 X 2205	FireDept@CityOfEdgewater.org
Building Department	(386) 424-2400 X 1514	BuildingDept@CityOfEdgewater.org
Planning & Development Services	(386) 424-2400 X 1502	Planning@CityOfEdgewater.org
Business Tax Office	(386) 424-2400 X 1305	DoingBusiness@CityOfEdgewater.org

#### Volusia County

[www.Volusia.org](http://www.Volusia.org)

Volusia County Business Resources <https://www.volusiabusinessresources.com/>

Volusia County Health Department - (386)-274- 0500 - [Volusia.FloridaHealth.gov](http://Volusia.FloridaHealth.gov)

#### State Agencies

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

Not sure if your business is state regulated? <https://csapp.fdacs.gov/CSPublicApp/AZGuide/AZGuideSearch.aspx>

**To acquire a business name (DBA) - Division of Fictitious Names - (850) 245-6000 - [www.sunbiz.org](http://www.sunbiz.org)**

**To register a Corporation or LLC - Division of Corporations - (850) 245-6000 - [www.sunbiz.org](http://www.sunbiz.org)**

**State Sales and Use Tax - Department of Revenue - (850) 488-6800 - [www.FloridaRevenue.com](http://www.FloridaRevenue.com)**

**Workers Compensation and Exemption - (850) 413-1609 - <https://myfloridacfo.com/Division/wc/>**

**Department of Agriculture and Consumer Services - (800) 435-7352 - [www.fdacs.gov](http://www.fdacs.gov)**

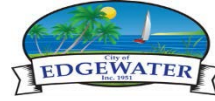
**Department of Business and Professional Regulation - (850) 487-1395 - [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)**

**Florida Highway Safety and Motor Vehicles - to sell motor vehicles - [www.flhsmv.gov](http://www.flhsmv.gov)**

**Employer Identification Number (EIN) – [www.IRS.gov](http://www.IRS.gov)**

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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**

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

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

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

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

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

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

Owner Cell Phone \_\_\_\_\_ Owner Email \_\_\_\_\_

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

State License No. (attach copy) \_\_\_\_\_ Driver License No. (attach copy) \_\_\_\_\_

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

Federal Employee Identification Number (OR SS# if none issued) \_\_\_\_\_

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

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

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

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

Email 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 _____ # of teachers _____	<b>Adult Living Facility and Hospitals</b> # of beds _____	<b>Church/ Theater/ Assembly Room</b> # of seats _____
<b>Auto Sales/Lease</b> # of vehicles for sale/lease _____ <b>Automotive Repair</b> # of bays _____	<b>Beauty/Barber Shops</b> # of chairs _____ <b>Boats for Charter or Rent</b> # of boats _____	<b>Accommodations for Rent</b> # of units/rooms _____ Single Family Home	<b>Restaurant/Bar/Lounge</b> # of seats _____ <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Alcohol Served
<b>Medical/Dental/Veterinary</b> # of exam rooms _____	<b>Gas Station</b> # of pumps (each handle) _____ <b>Car Wash</b> # of bays (manual or auto) _____	<b>Pool Hall/Billiards</b> # of pool tables _____ # of coin operated machines _____	<b>Delivery/Transportation</b> # of vehicles _____ <b>Mini-Warehouse</b> # of offices _____
# of vending machines _____	<b>Storage of hazardous materials</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach MSDS)	<b>Golf Course #</b> of holes _____	<b>Trailer/Mobile Home Park and Camp Sites</b> # of sites _____

**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) as 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 \_\_\_\_\_

**OR**

Attached is proof of my fictitious name registration status (DBA registration).

**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:  0-3  4-8  9-20  21-100  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/Bathroom
- 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 THEY ARE RENEWED.**

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

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

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_ . Personally Known OR Produced Identification

\_\_\_\_\_  
(Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public)

**FORM MUST BE NOTARIZED**

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

**Industrial Pretreatment Permit Application Needed? Yes No**

**If yes, date sent to applicant**