

**CITY OF EDGEWATER
FINANCE DEPARTMENT**

104 North Riverside Drive
P.O. Box 100

Edgewater, Florida 32132

doingbusiness@cityofedgewater.org

Phone: (386) 424-2400

FAX: (386) 424-2409



**HOME BUSINESS TAX RECEIPT
& CERTIFICATE OF USE
PROCEDURES**

NEW BUSINESS AND TRANSFER OF BUSINESS

1. Applications can be obtained from Business Tax Department (386) 424-2400 X 1305 or on-line at www.cityofedgewater.org under the Special Interest Links tab.
2. Complete application in its entirety and return it to the City of Edgewater Business Tax Official along with the following documents:
 - a. The business owners (or representatives) Florida Driver's License;
 - b. Any required State License; and
 - c. Proof of Fictitious Name Registration and/or Corporate or LLC status.
3. Payment will be accepted upon approval of application. You will receive a call from the when the application has been approved. Processing takes approximately 3-5 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 pay for the County business tax. (Additional information may be obtained by calling 423-3322)
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 use regarding completing this application:

City of Edgewater (386) 424-2400 <http://cityofedgewater.org>

Volusia County Business Tax Dept. (386) 423-3322 <http://volusia.org/business/licenses-and-permits.stml>

Fictitious Name Registration/Corporate Filing- (850) 245-6058 <http://sunbiz.org/>

Dept. of Business Regulations- (850) 487-1395 <http://www.myfloridalicense.com/dbpr/index.html>

Dept. of Agriculture- (800)-488-3022 <http://www.800helpfla.com/>

Sales Tax and Tax Exemption (386) 274-6600 http://dor.myflorida.com/dor/taxes/sales_tax.html

Workers' Compensation-Orlando Office (407) 245-0896 <https://myfloridacfo.com/Division/wc/>

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 workers 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 HOMEOWNERS ASSOCIATION OR REFER TO APPROPRIATE DOCUMENTS FOR ANY QUESTIONS REGARDING THIS MATTER.

BUSINESS TAX RECEIPTS AND CERTIFICATES OF USE EXPIRE ON SEPTEMBER 30TH 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.

All parts of this application must be filled out or a 'N/A' must be in place where no answer applies. Incomplete applications will be returned to you as we are unable to fill these out or add items on your behalf. Please include an image of your ID, along with any supporting state license(s) and/or permit documents that may be required for your profession to avoid delays in processing. If you do not have a Federal Employer Identification Number (FEIN) for your business, you must provide your social security number in its place per F.S. 205.0535(6). Forms requiring notarization must be completed prior to submission.

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**CERTIFICATE OF USE/BUSINESS
TAX RECEIPT
HOME BUSINESS APPLICATION**

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: _____ E-mail Address: _____

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

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 (Name and Phone #): _____

Federal Employee Identification Number OR Social Security#: _____

Square footage of area used for business: _____

Business Description (**be specific**): _____

Number of Employees (including self): _____

Has location been previously licensed with the City of Edgewater? ☐ YES ☐ NO

If yes, name/type of business? (if known) _____

Exemption for Fictitious Name Registration Requirement

I, _____, am exempt from the requirements of the Fictitious Name
(Business Owner 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 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

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)

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.

PROPERTY OWNER'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)

**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 a 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 workers compensation exempt affidavit to homeowners and/or contractors when services are rendered.

Name of Business: _____

Nature of Business: _____

Owner's Name: _____

Address: _____

Phone Number: _____

Business Owners 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)
