

CITY OF BELLEVIEW
5343 SE ABSHIER BLVD BELLEVIEW, FL 34420
(352)233-2106 (352)245-6532

HOME BUSINESS TAX APPLICATION

IT IS THE PURPOSE OF THIS APPLICATION TO PROVIDE FOR THE ORDERLY USE OF RESIDENTIAL PREMISES FOR CERTAIN CUSTOMARY HOME OCCUPATIONS WHERE ALLOWED. IT IS FURTHER THE PURPOSE TO ASSURE THAT NONE OF THE RESIDENTIAL AMBIANCE OF A NEIGHBORHOOD IS MODIFIED OR IN ANY WAY DIMINISHED BY THE PRESENCE OF SAID HOME BUSINESS.

DEFINITION OF HOME BUSINESS: A BUSINESS OR ACTIVITY WHICH MAY BE COMPATIBLE CONDUCTED AND MAINTAINED WITHIN A DWELLING UNIT. SUCH ACTIVITY SHALL BE INCIDENTAL TO THE PRINCIPAL RESIDENTIAL USE OF THE PREMISES.

*******PLEASE INCLUDE A SKETCH OF THE FLOOR PLAN AND THE AREA THEREOF TO BE UTILIZED FOR THE HOME BUSINESS.**

HAS THE OWNER OF THE PROPERTY OR HIS AGENT APPLIED FOR A HOME BUSINESS TAX REGARDING THE SUBJECT PROPERTY WITHIN THE PAST YEAR?

YES _____ NO _____

APPLICANT'S NAME(S) _____

BUSINESS NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

HOME TELEPHONE # _____ BUSINESS NUMBER _____

DESCRIPTION OF SUBJECT PROPERTY

IS YOUR HOME: OWNED () LEASED () CONTRACT TO PURCHASE () OTHER _____

LEGAL DESCRIPTION: LOT(S) _____ BLOCK _____ SUBDIVISION _____

TOTAL FLOOR AREA OF FIRST FLOOR _____

TOTAL FLOOR AREA USED FOR BUSINESS _____

DESK / COMPUTER ONLY _____ YES _____ NO _____

PRESENT ZONING OF PROPERTY _____

DESCRIPTION OF THE PROPOSED HOME BUSINESS _____

EMERGENCY NAME, ADDRESS & TELEPHONE

1.) _____

2.) _____

BUSINESS INFORMATION:

DATE BUSINESS STARTED AT THIS ADDRESS _____

FORM OF BUSINESS _____

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE _____

ADDITIONAL REQUIREMENTS:

(ATTACH COPIES OF ANY OTHER LICENSE HELD)

ELIGIBLE FOR EXEMPTION _____ YES _____ NO REASON _____
STATE CERTIFICATION # _____ EXPIRATION _____
STATE REGISTRATION # _____ EXPIRATION _____
STATE EXEMPTION CERTIFICATE # _____
HEALTH DEPARTMENT CERTIFICATE # _____

*****PLEASE READ EACH OF THE FOLLOWING STATEMENTS LISTED BELOW AND INITIAL ON THE LINE PROVIDED SIGNIFYING THAT YOU HAVE READ THE STATEMENTS AND ARE IN AGREEMENT.

SIGNS

THERE SHALL BE NO DISPLAY OF GOODS OR ADVERTISING VISIBLE FROM THE STREET. A NONILLUMINATED NAME PLATE, NOT TO EXCEED ONE (1) SQUARE FOOT AREA, MAY BE DISPLAYED; PROVIDED THAT THE SAME IS AFFIXED FLAT AGAINST THE EXTERIOR SURFACE AT A POSITION NOT MORE THAN TWO (2) FEET DISTANCE FROM THE MAIN ENTRANCE TO THE RESIDENCE. _____

MAXIMUM AREA OF USE

NO HOME BUSINESS SHALL OCCUPY MORE THAN 20 PERCENT OF THE FIRST FLOOR AREA OF THE RESIDENCE, EXCLUSIVE OF THE AREA OF ANY OPEN PORCH OR ATTACHED GARAGE OR SIMILAR SPACE NOT SUITED OR INTENDED FOR OCCUPANCY AS LIVING QUARTERS. NO HOME BUSINESS SHALL BE CONDUCTED IN AN ACCESSORY BUILDING BUT MUST BE CONDUCTED IN THE RESIDENCE OF THE PROPRIETOR.

LIMITED EQUIPMENT

NO ELECTRIC MOTOR HAVING GREATER THAN 2 ½ HORSEPOWER SHALL BE USED IN THE CONDUCT OF ANY HOME BUSINESS AND THE TOTAL COMBINED RATINGS OF SUCH PERMITTED ELECTRIC MOTORS SHALL NOT EXCEED TEN HORSEPOWER. ALL MOTORS AND EQUIPMENT USED IN THE CONDUCT OF ANY HOME BUSINESS SHALL BE SHIELDED SO AS NOT TO CAUSE RADIO OR TELEVISION INTERFERENCE. _____

LIMITED USE

ONLY MEMBERS OF THE IMMEDIATE FAMILY LIVING IN THE RESIDENCE SHALL BE PERMITTED TO WORK AT THE HOME BUSINESS. THE FOLLOWING SHALL NOT BE CONSIDERED HOME BUSINESSES: BEAUTY SHOPS, BARBERSHOPS, PUBLIC DINING FACILITIES, ANTIQUE OR GIFT SHOPS, PHOTOGRAPHIC STUDIOS, FORTUNETELLING,

OUTDOOR REPAIR, RETAIL SALES OR NURSERY SCHOOLS CARING FOR MORE THAN FIVE CHILDREN OTHER THAN CHILDREN RELATED BY MARRIAGE, BLOOD OR ADOPTION. _____

CHEMICALS

NO USE MAY BE CONDUCTED ENTAILING THE USE OF CHEMICALS OR MATTER OF ENERGY THAT MAY CAUSE OR CAUSE TO BE CREATED OBJECTIONABLE NOISE, NOXIOUS ODORS OR HAZARDS DANGEROUS TO THE PUBLIC HEALTH, SAFETY OR WELFARE. _____

THE UNDERSIGNED DOES HEREBY REQUEST THAT A BUSINESS TAX RECEIPT BE ISSUED ON THE BASIS OF THE ABOVE INFORMATION WITH THE UNDERSTANDING THAT ALL OF THE CITY OF BELLEVIEW ORDINANCES SHALL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. ALL INFORMATION SUPPLIED SHALL BECOME PUBLIC RECORD, UNLESS OTHERWISE RESTRICTED BY STATE OR FEDERAL LAW!

“The City of Belleview collects your Social Security number for the following purposes: accurate identification and verification of individuals; establishment of credit worthiness; processing billing and payments; personnel benefits tracking, processing and tax reporting; effective and accurate law enforcement processing. The City of Belleview will not collect Social Security numbers for any other purpose other than those provided in the written statement. Resolution 08-01”

DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____

FEDERAL ID OR SOCIAL SECURITY NUMBER _____

I SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF OWNER/APPLICANT: _____
DATE SIGNED: _____ TITLE _____