



CITY OF BELLEVIEW

City with Small Town Charm
www.belleviewfl.org

Development Services

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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.

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 TELEPHONE # _____

DESCRIPTION OF SUBJECT PROPERTY

IS YOUR HOME: OWNED LEASED CONTRACT TO PURCHASE OTHER _____

****IF RENTAL OR LEASE: APPLICANT MUST PROVIDE NOTARIZED AUTHORIZATION FROM PROPERTY OWNER.

PROPOSED AREA TO BE USED FOR BUSINESS: _____

PRESENT ZONING OF PROPERTY _____

PLEASE DESCRIBE IN DETAIL WHAT TYPE OF ACTIVITIES AND TASKS WILL TAKE PLACE IN THE DESIGNATED BUSINESS SPACE. PLEASE STATE IF CUSTOMERS WILL BE COMING TO THE RESIDENCE FOR SERVICES:

EMERGENCY NAME, ADDRESS & TELEPHONE

1.) _____

2.) _____

DATE BUSINESS WILL START: _____

ADDITIONAL REQUIREMENTS:

ATTACH COPIES OF ANY STATE OR COUNTY LICENSE HELD AND PROOF OF FICTITIOUS NAME OR CORPORATION REGISTRATION FROM SUNBIZ.ORG

ELIGIBLE FOR EXEMPTION _____ YES _____ NO REASON _____
STATE CERTIFICATION # _____ EXPIRATION _____
STATE REGISTRATION # _____ EXPIRATION _____
STATE EXEMPTION CERTIFICATE # _____
HEALTH DEPARTMENT CERTIFICATE # _____
FEDERAL EIN NUMBER OR SSN (Required): _____

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 BELLEVUE ORDINANCES SHALL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. ALL INFORMATION SUPPLIED SHALL BECOME PUBLIC RECORD, UNLESS OTHERWISE RESTRICTED BY STATE OR FEDERAL LAW!

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:** _____