

CITY OF OCOEE
LOCAL BUSINESS TAX APPLICATION

● REQUIRED PAPERWORK FOR A HOME BASED BUSINESS

Application []

Fictitious Name Certificate [] (If Applicable) (850) 488-9000

Corporation State Certificate with officers [] (If Applicable)

Other Licenses Required []

Renter: Owner's Notarized Letter of Approval []

The below is to be completed by the City of Ocoee:

Business Name: _____ License #: _____

Code: _____ Fee Due \$ _____ Date Paid: _____

APPROVALS

Building Dept Approved Signature & Date: _____

Special Conditions: _____

Business Name: _____

Owner's Name: _____

Home Address: _____

Mailing Address: _____

Business Phone: () _____ Home Phone: () _____

Federal Employer ID #: _____

Florida Drivers License: _____

Business Type: Individual / Partnership / Corporation ID # _____

Fictitious Name Registration Date: _____ Certification Attached []

Nature of Business (Please Be Descriptive): _____

Describe Day-to-Day Activities For Business: _____

Any use of Combustible Materials? _____ If yes, attach description & location of storage.

No. of Employees _____ No. of Business Vehicles _____

No. of Rooms Used for Business _____ Square Footage of Home _____

Name & Phone # of Property Owner: (Renting) _____ () _____

I, _____, own, rent/lease, the property listed above and will be using this location in the operation of the above listed business. I certify that all information supplied to the City of Ocoee on my application for Local Business Tax is true and correct. I acknowledge the City of Ocoee's right to revoke my tax receipt and take any other legal means necessary in accordance with Chapter 119 of the Code of Ordinances, City of Ocoee, Florida.

Signature of Applicant & Date

STATE OF FLORIDA
COUNTY OF ORANGE

Subscribed before me this _____ day of _____, 20____, by _____, [] personally known to me or [] produced identification _____ and did not take an oath.

Notary Public At Large

(Seal)

RESIDENTIAL AFFIDAVIT

I, _____, am applying for a local business tax from the City of Ocoee, Florida; because my place of business is located within a residential district, I hereby agree to the following conditions:

- 1) The location of this business is residential; therefore, I shall only use this location for office and/or bookkeeping purposes in connection therewith.
- 2) I agree not to advertise this business in any way showing the address stated herein. This includes, but is not limited to, newspapers, telephone directory listings, business cards, business stationery, lettering on vehicles, etc.
- 3) I guarantee no person other than member of the family residing on the premises shall be engaged in such home occupation.
- 4) I guarantee that there will be no customers or other pedestrian and/or vehicular traffic coming to these premises in connection with this business.
- 5) I guarantee that there will be no inventory stocked on the premises, no warehousing or storage of any articles or merchandise used in connection with the business located at this address.
- 6) I certify that the vehicle used by me in connection with the business is not a commercial type which is otherwise prohibited within a residential district. I further certify that there will be no parking of other vehicles used by me or anyone else employed at this address.
- 7) I certify that I will comply with the City of Ocoee, Florida's Code of Ordinances.
- 8) I certify that all information supplied to the City of Ocoee on my application for a business tax receipt is true and correct, and I acknowledge the City of Ocoee's right to revoke my tax receipt and take any other legal means necessary in accordance with Chapter 119 of the City Code, upon their determination.
- 9) In the event that the City of Ocoee determines that there has been any violation of this agreement, I further agree to cease all business activities at this address immediately upon due notice from the City of Ocoee.

Business Name: _____

Address: _____

Signature of Applicant & Date

STATE OF FLORIDA
COUNTY OF ORANGE

Subscribed before me this ___ day of _____, 20____, by _____ [] personally known to me
or [] produce identification _____ and did not take an oath.

Notary Public at Large (Seal)

Local Business Tax Application

Social Security #: _____

2002 Florida Statutes

205.0535 Reclassification and rate structure revisions.

(5) No tax receipt shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed.

119.0721 Social Security Number Exemption.

(8) An agency shall not collect an individual's social security number unless authorized by law to do so or unless the collection of the social security number is otherwise imperative for the performance of that agency's duties and responsibilities as prescribed by law. Social security numbers collected by an agency must be relevant to the purpose for which collected and shall not be collected until and unless the need for social security numbers has been clearly documented. Any agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request. An agency collecting a person's social security number shall, upon that person's request, at the time of or prior to the actual collection of the social security number by that agency, provide that person with a statement of the purpose or purposes for which the social security number is being collected and used. Social security numbers collected by an agency shall not be used by that agency for any purpose other than the purpose stated. Social security numbers collected by an agency prior to May 13, 2002, is found to be unwarranted, the agency shall immediately discontinue the collection of social security numbers for that purpose.