



# Application for Tourist Home Local Business Tax Receipt and Certificate

**Required documents, please attach a copy of the following:**

- Articles of INC/LLC and/or fictitious name certificate**  
[www.sunbiz.org](http://www.sunbiz.org) or call (850) 245-6059
- Professional License: Florida Dept. of Health (if applicable)**  
[doh.state.fl.us](http://doh.state.fl.us)
- State License: Dept. of Business and Professional Regulation (if applicable)**  
[myfloridalicense.com](http://myfloridalicense.com)
- Requirement for Renters:** Property Owner's Notarized Letter of Approval authorizing the tenant to use the property for a tourist home
- Site Plan or Survey (To-Scale):** Site plan or survey showing parking areas (Impervious Surface Area (ISA) Calculation Sheet required if adding new parking areas or additional ISA or structures to the property)
- Floor plan:** Indicate rooms for habitable sleeping accommodations to be rented or offered for rent) (Maximum of 4 rooms)

Tourist Home/Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Tourist Home Address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Business Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Employer ID No.: \_\_\_\_\_ FL Drivers Lic. No.: \_\_\_\_\_

Form of Business: Individual  Partnership  Corporation  LLC  ID No.: \_\_\_\_\_

Fictitious Name Registration Date: \_\_\_\_\_ Certification Attached [  ]

No. of habitable sleeping rooms offered or advertised for rent: \_\_\_\_\_

No. of parking spaces provided for the business: \_\_\_\_\_

Name/Phone of Property Owner (If Renting): \_\_\_\_\_



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## TOURIST HOME AFFIDAVIT

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

I, \_\_\_\_\_, am applying for a Tourist Home Local Business Tax Receipt and Certificate from the City of Ocoee, Florida. As a tourist home owner/operator where the residence is located within a residential zoning district or neighborhood, I hereby agree to the following conditions of approval:

- 1) I shall comply with the regulations established in Section 5-15C, LDC, relative to the operation of a Tourist Home, including noise, littering and waste disposal regulations, and shall display a valid Tourist Home Certificate inside the tourist home no further than two (2) feet from the main entryway of the home.
- 2) I hereby designate the person listed below as the "RESPONSIBLE PARTY" and certify that the Responsible Party shall be available 24 hours a day/7 days a week to ensure compliance with local and state regulations:

**Responsible Party Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**If Different, Emergency Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

- 3) I understand that the designation of a Responsible Party does not relieve me of the responsibility of complying with all state and local regulations.
- 4) I understand that the tourist home must be made available for inspection within 48 hours of a written request from the City.
- 5) I understand that the tourist home certificate expires in one (1) year from date of issuance and must be renewed annually.
- 6) I certify that all information supplied to the City on my application for a local tax business receipt and Tourist Home Certificate is true and correct, and I acknowledge the City's right to revoke my tourist home certificate and take any other legal means necessary in accordance with Chapter 119 of the City of Code of Ordinance, upon its determination.
- 7) In the event that the City determines that there has been any violation of this agreement, I agree to cease all business activities at this address immediately upon written notice from the City.

\_\_\_\_\_  
Affiant's Signature as **Applicant**

Sworn to or affirmed and signed by means of  physical presence or  online notarization on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

[Print, type, or stamp commissioned name of notary or clerk to the left of signature]

Affiant is  personally known; or  produced the following identification: \_\_\_\_\_.



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\_\_\_\_\_  
Affiant's Signature as **Responsible Party**

Sworn to or affirmed and signed by means of  physical presence or  online notarization on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

[Print, type, or stamp commissioned name of notary or clerk to the left of signature]

Affiant is  personally known; or  produced the following identification: \_\_\_\_\_.

[Intentionally left blank]



# Application for Tourist Home Local Business Tax Receipt and Certificate

Applicant Social Security #: \_\_\_\_\_

## City of Ocoee Notice Regarding Collection, Use and Disclosure of Social Security Number

### Florida Statutes:

#### **205.0535 Reclassification and rate structure revisions.**

(6) A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.

#### **119.071 General exemptions from inspection or copying of public records.**

##### (5) **OTHER PERSONAL INFORMATION.**

- c. The Legislature intends to monitor the use of social security numbers held by agencies in order to maintain a balanced public policy.
- 2.a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is:
  - (I) Specifically authorized by law to do so; or
  - (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law.
- b. An agency shall identify in writing the specific federal or state law governing the collection, use, or release of social security numbers for each purpose for which the agency collects the social security number, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of social security numbers complies with the specific applicable federal or state law.
- c. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.
3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2. The written statement also shall state whether collection of the individual's social security number is authorized or mandatory under federal or state law.
4. Each agency shall review whether its collection of social security numbers is compliant with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2., the agency shall immediately discontinue the collection of social security numbers for that purpose.

Return completed application to: \_\_\_\_\_

Permit Technician



# TOURIST HOME CERTIFICATE

Tourist Home/Business Name:	
Site Address:	
License No:	
Habitable Sleeping Rooms for Rent:	
<b>Responsible Party Name:</b>	
<b>Email:</b>	
<b>Phone:</b>	<b>Emergency Ph.:</b>
<b>Conditions of Approval:</b> <ul style="list-style-type: none"><li>• A Valid Tourist Home Certificate must be displayed INSIDE the home not more than two (2) feet from the main entryway of the tourist home.</li><li>• Parking may NOT be on the street, within the right-of-way, over sidewalks or on grass or other unimproved surfaces. Property must comply with impervious surface area requirements of the zoning district.</li><li>• Home must comply with the City's noise, waste disposal and littering regulations.</li><li>• Home must be made available for inspection within 48 hours of a written request from the City.</li><li>• Operation of the tourist home must comply with all requirements established in Section 5-15C, LDC. Failure to maintain compliance with Section 5-15C, LDC, may result in revocation of the Tourist Home Certificate</li></ul>	

**City of Ocoee Approval:**

\_\_\_\_\_   
 Zoning Manager

\_\_\_\_\_   
 Date

**This Tourist Home Certificate expires on:** \_\_\_\_\_