



**HOME BASED BUSINESS TAX RECEIPT APPLICATION  
CITY OF ORMOND BEACH**

22 South Beach Street, Room 104, Ormond Beach, FL 32174

Tel: (386) 676-3233 / Email: [btonline@ormondbeach.org](mailto:btonline@ormondbeach.org)

Home Based Business Street Address:

Applicant is the: Property owner ( ) - or – tenant ( )

**\*Tenant requires a notarized approval letter from the property owner and/or property manager**

Dwelling is: ( ) Single family - or - ( ) Multi-family dwelling unit

**\*Multi-family is limited to professional/business office use, hobby crafts produced at home by resident, and cottage food sales**

Business name as registered with the State ([www.sunbiz.org](http://www.sunbiz.org)) or State licensed under:

*\*One exemption to fictitious name registration is use of full legal name, see also Florida Statute 865.09*

Business Phone Number:  Fax Number:

Business Email:

Business Federal Employee Identification Number:

*\*Valid FEIN number or social security number is required by F.S. 205.0535 (5)*

Is mailing address the same as the Business location?  Yes  No If no, please list mailing address below.

Mailing Address:

City:  State:  Zip:

Business Owner Name:

Business Owner Phone Number:  Cell Number:

Business Owner Date of Birth:  /  /

Business Owner Email:

Type of Business:

Type of supplies and materials required to be maintained on site in order to conduct business:

*\*Attach a dimensional site plan of property indicating location and size of dwelling and all accessory buildings/structures on site.*

\*If home occupation is a food cottage, attach a statement describing the type(s) of food being prepared, food storage area, food preparation area, and locations for food cottage sales.

**Days and hours of operation:**

Monday: [ ] Tuesday: [ ] Wednesday: [ ]  
Thursday: [ ] Friday: [ ] Saturday: [ ] Sunday: [ ]

Number of members of the resident family involved in the home occupation: [ ]

Outside clerical staff involved in home occupation:  No  Yes If yes, how many: [ ]

**\*Please attach a copy of your State License (if applicable) - also list State License # and issuing agency here:**  
[ ]

Please have a Certificate of General Liability Insurance made out to the City if you provide a service, and attach it to this completed application.

\* \* \* \* \*

**CERTIFICATION**

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt issued to me. It is further understood that I must comply with the code of the City of Ormond Beach and failure to correct conditions which are in violation is punished under the code or sufficient cause for revocation of my business tax receipt I understand that if I engage in a business under a fictitious name, I must comply with the fictitious name statute. There shall be no advertising listing the residential address of the use. There shall be no on-site customer sales and/or delivery of products at the residence. I certify that I have read and understand the provisions set forth for establishing a home-based business in the City of Ormond Beach and I further agree to abide by the regulations set forth in the Land Development Code, Chapter 2, Article III, Section 2-50 T, Home Occupations. Any violation of these regulations may result in the revocation of any home occupation permit, in addition to any other remedy for such violation provided for by this Code and Florida State Statutes with regard to renewal of the business tax receipt. A home occupation approval shall not be transferred to another person through the sale, lease, or rental of the property on which the home occupation is located or in any other manner.

**Business Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_ to me known ( ), or has produced identification ( ), as the person who acknowledged the foregoing document.

Notary signature: \_\_\_\_\_ Notary Seal:

\* \* \* \* \* **For Office Use Only** \* \* \* \* \*

Date application received in office: \_\_\_\_/\_\_\_\_/\_\_\_\_ Planning verification attached? Y N NA, by \_\_\_\_\_

Date routed to Planning for approval: \_\_\_\_/\_\_\_\_/\_\_\_\_ Planning approval received? Y N NA, by \_\_\_\_\_

Signage?: Y N NA CO Issued? Y N NA

Property owner verified with Volusia Co. Property Appraiser, or owner letter attached? Y N NA

All necessary documentation received? Y N Applicant contacted? Y N NA, by \_\_\_\_\_ Items needed:

\_\_\_\_\_

Approval notification made: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

30 day follow-up if not picked up: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NID notification made: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Paperwork scanned and saved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_