

Number of employees: _____

Is a vehicle connected with the business? _____ Yes _____ No

If Yes, Make: _____ Model: _____ Year: _____ Tag#: _____

Please give a brief description of the business, including types of products, services and method of operation: _____

Square Footage of home: _____

Square Footage of room used for Home Business: _____ Sq. Ft _____ Length _____ Width _____

PLEASE SKETCH HOME AND ROOMS, SHOWING ROOM(S) USED FOR HOME BUSINESS.



NOTE: APPLICANT MUST INDICATE UNDERSTANDING AND AGREEMENT WITH THE FOLLOWING PROVISIONS FOR RECEIVING A HOME BUSINESS LICENSE BY SIGNING/INITIALING WHERE INDICATED:

No persons shall be employed on the premises other than the members of the immediate family residing on the premises.

Staff: _____ Business Owner: _____

The use of the dwelling unit or residence for home businesses shall be clearly incidental and secondary to its use for residential purposes. No more than (1) room within the dwelling unit shall be used to conduct a home business, provided the area of that room does not exceed (20) percent of the total living area of the dwelling unit or residence. No more than (5) percent of that room shall be used for storage of commodities related to the home business. No outside display, storage or use of land is permitted.

Staff: _____ Business Owner: _____

There shall be no change in the outside appearance of the building or premises as a result of such business with exception of a sign as provided in the sign ordinance.

Staff: _____ Business Owner: _____

No home business shall be conducted in any accessory building or attached/detached garage.

Staff: _____ Business Owner: _____

No mechanical equipment shall be used or stored on the premises except such that which is normally used for purely domestic or household purposes. Such mechanical equipment shall not create noise, vibration, glare, fumes, odors or electrical interference detectable to the normal senses outside the dwelling unit. In the case of electrical interference; no equipment or process shall be used which creates visual or audio interference in any radio or television sets off the premises or causes fluctuation in line voltage.

Staff: _____ Business Owner: _____

No retail or wholesale sales on the premises shall be permitted, not including telephone mail order sales.

Staff: _____ Business Owner: _____

No traffic shall be generated by such home business in greater volume than would normally be expected in the neighborhood.

Staff: _____ Business Owner: _____

No more than (1) vehicle related to the home business shall be permitted upon the premises. Such vehicle must be (20) feet or less in overall length and must be parked off any public right-of-way. All exterior storage of cargo, equipment or other materials on such vehicle shall be shielded from view at all times when such vehicle is located on a residential lot.

Staff: _____ Business Owner: _____

A home business shall not be construed to include, among other uses, personal services such as massage, cosmetology, barbershops, beauty parlors, tea rooms, food processing for sale, kennels, animal grooming, radio and television repair, furniture refinishing or building, cabinet making, boat building, marine charter or towing service, auto servicing or rebuilding and repair for others, metal fabrication or cutting employing welding or cutting torches.

Staff: _____ Business Owner: _____

A home business that is solely used for purposes of receiving phone calls, mail and keeping business records in connection with any profession or occupation shall be known as an address of convenience.

Staff: _____ Business Owner: _____

The City Manager or manager's designee shall determine whether the home business meets the established criteria as set out above. The determination may be appealed to the Treasure Island Planning and Zoning Board.

Staff: _____ Business Owner: _____

AN UNSIGNED APPLICATION IS UNABLE TO BE APPROVED.

PLEASE DO NOT SIGN YOUR NAME PRIOR TO A NOTARY SIGNATURE

I hereby affirm that the information provided in this application is factual and accurate, and I further understand that intentionally furnishing false information will be cause for revocation. I shall comply with the "Code of Ordinances of the City of Treasure Island" and fully understand that the issuing of the Home Business/Local Business Tax Receipt applied for is contingent upon my adhering strictly to the restrictions set forth therein.

Applicant Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____,
Date Print Applicant Name
who is known to me or who has produced _____ as identification.
Type of ID/number

Signature of Notary Public – State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)
Commission Number:
Commission Expires:

Staff Review Date

Rejected Date: _____ Approved Date: _____

Items below the dotted line are statutorily considered confidential and exempt from inspection and/or copying.

PLEASE NOTE:
Application will NOT BE ABLE TO BE APPROVED without the F.E.I.N. or social security number.

F.E.I.N.: _____ or *S.S.N.: _____

**Per Section 205.0535 (5) of the Florida Statutes, a Social Security Number (SSN) is required only if the Federal Employers Identification Number (FEIN) has not been provided on the application. Pursuant to Section 119.071(5) of Florida Statutes, social security numbers held by the City are confidential and exempt from inspection and/or copying as a public record.*



Local Business Tax Application Supplemental Form

BUSINESS NAME REGISTRATION NOTICE

Pursuant to Section 205.023(2) of the Florida Statutes, businesses operating under any name other than the person's legal name (DBA) must obtain a current fictitious name registration from the Division of Corporations of the Florida Department of State and provide the City proof of such registration prior to the issuance of a Local Business Tax Receipt.

Statement of Exemption from the Fictitious Name Act: Section 865.09 of the Florida Statutes provides exemptions to the fictitious name registration requirement. If you are exempt from obtaining a fictitious name registration, pursuant to Section 205.023(2) of the Florida Statutes, the applicant must provide a written and signed statement to the City setting forth the reasons that the applicant need not comply with the Fictitious Name Act. Checking the appropriate exemption and signing below constitutes compliance with Section 205.023(2) of the Florida Statutes.

Compliance with the Fictitious Name Act IS NOT REQUIRED because:

- I am using my legal name to transact business
- I am a business formed by an attorney actively licensed to practice law in Florida
- I am certified with the Florida Department of Business and Professional Regulation of the Department of Health for the purpose of practicing my licensed profession.
- I am a corporation, partnership, or other commercial entity that is actively organized or registered with the Department of State and the name under which this business is to be conducted is the same as the name registered with the Department of State.

For further information on business name registrations, forms and/ or instructions please visit the Florida Department of State / Division of Corporations website at www.sunbiz.org or call (850) 245-6058.

*Local Business Tax Application
Supplemental Fictitious Name Form*

*City of Treasure Island
Created August 4, 2016*

PLEASE DO NOT SIGN YOUR NAME PRIOR TO A NOTARY SIGNATURE

I hereby affirm that the information provided above is factual and accurate, and I further understand that intentionally furnishing false information will be cause for revocation of my business tax application. I shall comply with the "Code of Ordinances of the City of Treasure Island". By my signature below, I acknowledge that I am aware of the requirements regarding the Fictitious Name Act and have received contact information for the Florida Department of State / Division of Corporations.

Applicant Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____,
Date Print Applicant Name
who is known to me or who has produced _____ as identification.
Type of ID/number

Signature of Notary Public – State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)
Commission Number:
Commission Expires: