



CITY OF DELAND BUSINESS TAX RECEIPT APPLICATION PACKAGE

Fire Department

All buildings are subject to an inspection by the fire inspectors. **ANTICIPATE A CALL FROM THE FIRE DEPARTMENT.** THE FIRE INSPECTOR WILL CALL TO ARRANGE A TIME, CONVENIENT TO BOTH PARTIES FOR A FIRE INSPECTION.

Planning & Zoning Department

All buildings are subject to zoning approval, after which the business tax receipt application will be approved or denied.

Checklist

Driver's License

Owner/Manager must submit copy of Driver's License or other photo identification

Fictitious Name or Articles of Incorporation

If you are not operating your business under your full given name, you must show proof of fictitious name registration or for corporations, the articles of incorporation.

State Licenses

Business that are required to obtain a state license from the State of Florida, must obtain the state license prior to applying to the City of DeLand for a business tax receipt. Any state license must be attached to the application.

State Licensed Contractors

Must attach a copy of state certification or registration and certificate of liability insurance and worker's compensation coverage or exemption.



City of DeLand



City of DeLand Fire Department Business Tax Receipt Information



Business Information

Name of Business:		
Business Owner's Name:		
Business Address:		Suite/Unit:
Business Phone Number:	Business Owner's Phone Number:	
Fire Alarm: Yes / No	Sprinkler System: Yes / No	
Renovations Done: Yes / No	Square Footage:	Number of Seats:
Emergency (After Hours) Contact Name:		Phone Number:

Building Information

Building Owner:
Building Owner Phone Number:
Parcel Number:

**** This page of the application of the Business Tax Receipt is given to the Fire Department, and must be filled out completely prior to submitting. If you have any questions, please contact the Fire Marshal at 386.626.7042 or by email at Stemmmn@deland.org ****

Date Received: _____ Inspection: _____ Administrative



APPLICATION FOR OCCUPATIONAL LICENSE
BUSINESS TAX RECEIPT

Please circle the type of application

- | | | |
|-------------------------|--|--|
| New Commercial Business | <input type="checkbox"/> New Home Business | <input type="checkbox"/> New Industrial Business |
| New Professional Office | <input type="checkbox"/> New Contract Employee | <input type="checkbox"/> Additional Professional |
| Change of Ownership | <input type="checkbox"/> Multi –Family (3 or more units) | |
| Business Name Change | <i>former name</i> _____ | |
| Change of Address | <i>former address</i> _____ | |

Business Information

- Name of Person Filing for Business Tax _____
- Name of Business _____
- Corporation Name _____
- Address of Business _____
City _____ State _____ Zip _____ Business Phone (____) _____
- Mailing address for Business _____
City _____ State _____ Zip _____ Business Phone (____) _____
- Cell Phone (____) _____ Email _____

Property Information

- Building Owner's Name _____
Address _____
City _____ State _____ Zip _____ Phone (____) _____
- Describe type of business/profession at this location _____

- What business was located at this address previously? _____
- Parcel # _____

****ALL INFORMATION ABOVE MUST BE PROVIDED WHEN SUBMITTING THE APPLICATION FOR A BUSINESS TAX RECEIPT****



Complete below only the items that are applicable to your business:

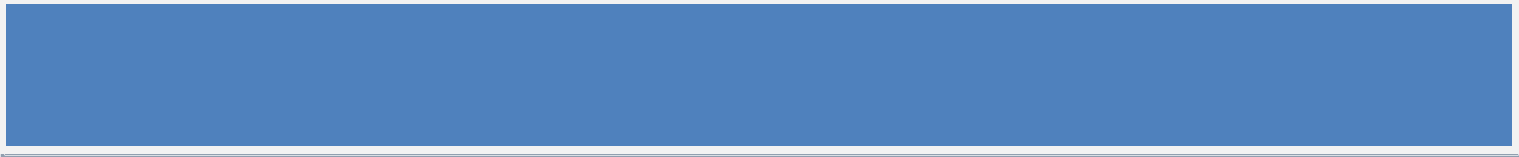
- 1. State License # _____
- 2. Beauty / barber / nail / tanning salon: # of stations
- 3. Total square footage:
- 5. Mobile home parks / motels / apartments / Bed & Breakfast: # of units
- 6. Restaurants: # of seats
- 7. Vending machines (candy / soda / cig. / etc.)
(If they are owned by your company) # of units
- 8. Amusement machines (pinball / pool table / video / etc.)
(If they are owned by your company) # of units
- 9. Number of pumps (gas stations) # of units
- 10. Number of vehicles (wreckers / taxi / delivery) # of units
- 11. Number of stands (fruit & vegetable stands) # of units

Accountants, Architects, Attorneys, Dentists, Engineers, Optometrists, Physicians/Surgeons, Veterinarians, Real Estate Agents, Real Estate Appraisers and all other Professionals: Please provide a listing of names consisting of each professional person working out of your office. Also provide the state license number for each person in the space provided. Professionals operating out of a professional office must obtain their own individual occupational license.

New Signs? Yes No No signage is to be installed, including copy area without a permit and prior approval by the building official. If zoning is not approved, no work shall begin until the sign comes into compliance. (Business Tax Receipt will not be issued unless the applicant has signed here.) If you change sign without approval you are subject to a \$100.00 fine. **I understand that if I install a sign without pulling a building permit I will be obligated to pay any and all applicable fines.** (INITIAL HERE:)

I will be making alterations to the building (describe below)

I will not be making alterations to the building. I understand that if I make alterations to the building without pulling a building permit I will have to pay any and all applicable fines. (SIGN:)



NOTICE

Florida Building Code, FS 553, Building, Section 111.1

111.1 Use and occupancy.

No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made, until the *building official* has issued a certificate of occupancy therefor as provided herein. Issuance of a certificate of occupancy shall not be construed as an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction.

Exception: Certificates of occupancy are not required for work exempt from *permits* under Section 105.2.

Issuance of a Business Tax Receipt **is not** permission to occupy a structure or part of a structure. If there is a change of use or a new use in a structure, applicants must request an occupancy permit to comply with FS.553, Florida Building Code.

Occupancy permit valid only after approval by the Chief Building Official and Fire Marshal.

I understand that granting of the Business Tax Receipt implies only that the zoning of the location, as referenced on the Business Tax Receipt, in which I intend to operate my business is appropriate for that type of business. Additionally, I understand that the granting of a Business Tax Receipt does not waive my responsibility to ensure that all applicable requirements have been met. Additionally, I agree to hold the City of DeLand harmless for any damages that I may incur from failure to meet all City of DeLand requirements.

I hereby swear and affirm that the information provided is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____



Office Use Only

Building Department:

Approved by Chief Building Official _____

_____ Date

Remarks:

Fire Department:

Fire Inspection: Yes No (\$35.00)

Date of Inspection: _____

_____ Fire Inspector

Other Fire Services/ Inspections (Based on Fee Resolution):

Inspection type: _____

Fee: _____

Remarks: _____

Planning & Zoning Department:

Zoning Approved: Yes No

Date: _____

Initials: _____

Zoning: _____

Remarks: _____



COUNTY OF VOLUSIA

NOTICE TO BUSINESS OPERATORS

Be advised that Florida Statutes Chapter 205 and County Ordinance 94-6 states that all persons who engage in any business, occupation, or profession, selling, displaying, promoting, or giving away merchandise, products or services are conducting a bona-fide business operation and are required to obtain from the County, a County of Volusia Business Tax Receipt.

The Business Tax Receipt is good for a period of one year from October 31st through September 30th. This Tax Receipt must be displayed at the business location for public notice of compliance.

Persons who engage in business and do not obtain the Business Tax Receipt for each business location, are subject to fines, costs and penalties up to \$250.00.

Business Tax Receipt information and applications, can be obtained by visiting www.volusia.org/services/business-services/revenue-services/business-tax-receipt/ or by contacting one of the following locations:

DeLand	123 West Indiana Avenue, Rm. 103	386.736.5938
Daytona Beach	250 North Beach Street, Rm. 101	386.254.4635
New Smyrna Beach	111 Canal Street	386.423.3325
Orange City	2744 Enterprise Road	386.736.5938

PLEASE BE ADVISED

Compliance checks will be made by County Representatives.



DOWNTOWN DELAND HISTORIC DISTRICT

Notice to Businesses

All structures located in the Downtown DeLand Historic District fall under the City of DeLand Historic Preservation Ordinance and require special approval for any **façade alteration (including exterior painting, signs and awnings)**.

Certificate of Appropriateness Process

One of the duties of the Historic Preservation Board (HPB) is to review the design of exterior changes to buildings located in a historic district or to locally designated structures. The HPB is guided by the criteria set forth in the historic preservation ordinance.

All exterior work, (including exterior painting and signage) on historic structures require a building permit. The permit is first viewed by the Chief Building Official for the permits compliance with the Florida State Building Code. The permit is then reviewed by the Historic Preservation Officer for compliance to the City of DeLand Preservation Ordinance. Many permits can be approved by staff. If staff can not approve the permit, the applicant applies for a Certificate of Appropriateness from the HPB. There is a filing fee of \$80.00 for the board to consider the application.

A Certificate of Appropriateness is considered by the HPB at a public meeting. HPB meetings are held in the City Commission Chambers located in City Hall, on the first Thursday of each month at 5:00 p.m. For review, the owner or contractor must provide sufficient graphic information (working drawings, sketches, photographs or current survey) to fully explain the proposal. The owner or their representative must be present at the review meeting.



Links for Businesses

Articles of Incorporation / Fictitious Name

Any new business must show proof of filing for a fictitious name or provide a copy of Articles of Incorporation

Contact: Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314
www.SUNBIZ.org

LLC & Corporations: (850) 245-6052

Fictitious Names: (850) 245-6059

I am using my full legal name (first and last) in my business name. **Do not need Fictitious Name affidavit**

I am a Corporate Officer, part of a Limited Liability Corporation, or a Registered Partner in a Corporate Partnership; my Corporate Name is my Business Name; and my Corporation is in good standing with the Division of Corporations. **Do not need Fictitious Name affidavit**

I am Registered or Licensed with the Florida Department of Business & Professional Regulation. **Do not need Fictitious Name affidavit**

I am Registered or licensed with the Florida Department of Health **Do not need Fictitious Name affidavit**

I am an Attorney licensed with the Florida Bar Association, forming a business for the practice of law. **Do not need Fictitious Name affidavit**

FEIN Number

A Federal Tax ID Number, also known as an Employer Identification Number or EIN, is basically a Social Security Number (SSN) for a business. It is the number the Internal Revenue Service (IRS) uses to identify the business and it must be included on all tax filings the business makes.

You need an EIN if you:

- Started a new business
- Hired or will hire employees, including household employees
- Changed the legal character or ownership of your organization (for example, you incorporate a sole proprietorship or form a partnership)
- Purchased an active business
- Formed a corporation
- Formed a partnership



City of DeLand

You will need an EIN if you answer "Yes" to any of the following questions

Do you have employees?	YES	NO
Do you operate your business as a corporation or a partnership?	YES	NO
Do you file any of these tax returns: Employment, Excise, or Alcohol, Tobacco and Firearms?	YES	NO
Do you withhold taxes on income, other than wages, paid to a non-resident alien?	YES	NO
Do you have a Keogh plan?	YES	NO
Are you involved with any of the following types of organizations? <ul style="list-style-type: none"> • Trusts, except certain grantor-owned revocable trusts, IRAs, Exempt Organization Business Income Tax Returns • Estates • Real estate mortgage investment conduits • Non-profit organizations • Farmers' cooperatives • Plan administrators 	YES	NO

FEIN Number Contact:

www.irs.gov/businesses/small

Sales Tax

Information can be obtained through:

State of Florida
 Department of Revenue
 1180 North Williamson Boulevard, Suite 160
 Daytona Beach, FL 32114
 (386) 274-6600
floridarevenue.com



State of Florida Resources

1. Restaurants

Restaurants must be permitted through the Department of Business and Professional Regulation.
941 West Morse Boulevard Suite 290
Winter Park, FL 32789
www.myfloridalicense.com/dpbr/
850.487.1395

2. Alcohol

The Bureau of Licensing is responsible for the issuance of all alcoholic beverage licenses and cigarette or other tobacco product permits.

Division of Alcoholic Beverages and Tobacco
2601 Blair Stone Road
Tallahassee, FL 32399
Phone: 850.487.1395 Fax: 850.922.5175

400 West Robinson Street room 709
North Tower, Hurston Building
Orlando, FL 32801
407.245.0785

www.myfloridalicense.com/dpbr/

3. Grocery Stores, Convenient Stores

Must be inspected by the Florida Department of Agriculture & Consumer Services.
1-800-HELP-FLA (435-7352)
www.freshfromflorida.com/Business-Services/Food-Establishment-Inspections

4. Motor Vehicle Repair Shops

The Florida Department of Agriculture and Consumer Services regulates motor vehicle repair shops in Florida.
1-800-HELP-FLA (435-7352)
www.freshfromflorida.com/Business-Services/Motor-Vehicle-Repair

5. Day-care Centers, Nursing Homes, Cafeterias and Other Institutional Facilities

Must be inspected by:
Volusia County Public Health Unit
1845 Holsonback Drive
Daytona Beach, FL 32117
386.274.0509
volusia.floridahealth.gov

6. Contractors and Sub Contractors

- Proof of Incorporation (if applying for Workers Comp. Exemption)
- Certificate of Insurance – Liability to the City of DeLand
- Certificate of Workers Compensation Insurance or Workers Compensation Exemption
- Contractors Only:** Copy of State License