



## Checklist

### **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.

### **Driver's License**

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

### **State Licensed Contractors**

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

### **Other 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.

### **Certifications or Special Licenses**

Any Certifications or Special License required for this business must be attached to the application

### **Notary**

This application must be notarized.



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## **INFORMATION FOR THE FIRE DEPARTMENT**

### **Business Information**

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

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

Address For Business: \_\_\_\_\_

Suite(s)/Unit(s): \_\_\_\_\_

Square Footage: \_\_\_\_\_ Number of Seats: \_\_\_\_\_

Fire Alarm: Y\_\_ N\_\_ Sprinkler System: Y\_\_ N\_\_

Renovations Done: Y\_\_ N\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Business phone: (\_\_\_\_) \_\_\_\_\_

Mobile #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home #:(\_\_\_\_) \_\_\_\_\_ Mobile #:(\_\_\_\_) \_\_\_\_\_

### **Building Information**

Building Owner: \_\_\_\_\_

Building Owner Address: \_\_\_\_\_

Building Owner Contact #: (\_\_\_\_) \_\_\_\_\_

**If you have any questions contact the Fire Inspector at 386-626-7042 or by email [stemmrnm@deland.org](mailto:stemmrnm@deland.org)**



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APPLICATION FOR OCCUPATIONAL LICENSE  
**BUSINESS TAX RECEIPT**

<input type="checkbox"/> New Commercial Business	<input type="checkbox"/> New Home Business	<input type="checkbox"/> New Industrial Business
<input type="checkbox"/> New Professional Office	<input type="checkbox"/> New Contract Employee	<input type="checkbox"/> Additional Professional
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Multi –Family, # of Units	
<input type="checkbox"/> Business Name Change	<i>former name</i> _____	
<input type="checkbox"/> Change of Address	<i>former address</i> _____	

**Business Information**

1. Name of Business \_\_\_\_\_

2. Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

3. Mailing address for Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

**Property Information**

1. Building Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. Describe type of business/profession at this location \_\_\_\_\_

\_\_\_\_\_

3. What business was located at this address previously? \_\_\_\_\_

4. Parcel # \_\_\_\_\_

**Personal Information**

**Owner of Business**     **Contract Employee**     **Additional Professional**

1. Name of Person Filing for Business Tax \_\_\_\_\_

2. Corporation Name \_\_\_\_\_

3. Home Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ e-mail \_\_\_\_\_



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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, Optomotrists, 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 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.**

**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.**



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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: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
By \_\_\_\_\_ who is known to me or has produced
\_\_\_\_\_ as identification and who did take an oath.
Notary as to Owner \_\_\_\_\_ Date \_\_\_\_\_
(Seal)

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

For 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: \_\_\_\_\_



## NOTICE

### Florida Building Code, FS 553, Building, Section 106.1

Section 106.1 of the new Florida Building Code stipulates that a new building shall not be occupied **or a change made in the occupance, nature or use of a building or part of a building until after the building official has issued a certificate of occupancy.** Said certificate shall not be issued until all the required electrical, gas, mechanical, plumbing, and fire protection systems have been inspected for compliance with the technical codes and other applicable laws and ordinances released by the building official.

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.

To obtain an occupancy permit one must complete a permit application and request inspections, (a floor plan, showing surrounding uses of your proposed occupancy area will be required with the application.) Some additional information may be required as the application is processed by the building department and fire inspector. Inspections will be performed and after approvals, the occupancy permit will be issued.



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## 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 31<sup>st</sup> through September 30<sup>th</sup>. 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 contacting one of the following locations:

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

To apply for a new Business Tax Receipt, or make changes to an existing account, please visit:  
[www.volusia.org/revenue/BTRInfo.htm](http://www.volusia.org/revenue/BTRInfo.htm)

### 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)**.

### The 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. Their meetings are held 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](http://www.SUNBIZ.org)

LLC: (850)-245-6051

Corporations: (850)245-6052

Fictitious Names: (850) 245-6058

<input type="checkbox"/> I am using my full legal name (first and last) in my business name.	Do not need Fictitious name Affidavit
<input type="checkbox"/> 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 Divion of Corporations.	Do not need Fictitious name Affidavit
<input type="checkbox"/> I am Registered or Licensed with the Florida Department of Business & Professional Regulation.	Do not need Fictitious name Affidavit
<input type="checkbox"/> I am Registered or licensed with the Florida Department of Health	Do not need Fictitious name Affidavit
<input type="checkbox"/> 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 a going business
- Formed a corporation
- Formed a partnership



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

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

**FEIN Number Contact:**

[www.irs.gov/businesses/small](http://www.irs.gov/businesses/small)

**Sales Tax**

Information can be obtained through:

State of Florida  
Department of Revenue  
1821 Business Park Boulevard  
Daytona Beach, FL 32114  
(386) 274-6600

[www.myflorida.com/dor](http://www.myflorida.com/dor)



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

<http://www.myflorida.com/dbpr/>

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  
1940 North Monroe Street  
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

[http://www.myflorida.com/dbpr/abt/about\\_licensing.html](http://www.myflorida.com/dbpr/abt/about_licensing.html)

3. **Grocery Stores, Convenient Stores**

Must be inspected by the Florida Department of Agriculture & Consumer Services  
800.435.7352

[www.doacs.state.fl.us/index.html](http://www.doacs.state.fl.us/index.html)

4. **Motor Vehicle Repair Shops**

The Florida Department of Agriculture and Consumer Services regulates motor vehicle repair shops in Florida.

Terry Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500  
1-800-HELP-FLA (435-7352)

[http://www.800helpfla.com/mvr\\_business.html](http://www.800helpfla.com/mvr_business.html)



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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

386.274.0692 or 386.274.0694

[www.volusia.org](http://www.volusia.org)

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