



City of DeLand

Change of Ownership 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

Notary

This application must be notarized.

State License

If your business is Licensed through the State of Florida, please attach a copy. If you don't know if your business needs to be licensed through the state you can go online at www.stateofflorida.com/regulated.

Fictitious Name

Will you be using a name other than your full given name or using a "doing business as name"? If so, you need to register a fictitious name with the State of Florida- www.sunbiz.org. Please attach a copy of your Fictitious Name registration. **or**

Corporation/LLC

Is your business Incorporated or a Limited Liability Corporation? If so please attach a copy of your Articles of Incorporation.

Change of Ownership

Please attach proof of ownership



City of DeLand

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: (____) _____

2nd 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 stemmrn@deland.org](mailto:stemmrn@deland.org)



APPLICATION FOR OCCUPATIONAL LICENSE
BUSINESS TAX RECEIPT

<input type="checkbox"/> Business Name Change	<i>former name</i> _____
<input type="checkbox"/> Change of Address	<i>former address</i> _____
<input type="checkbox"/> Change of Ownership	

Business Information

- Name of Business _____
- Address of Business _____
City _____ State _____ Zip _____ Business Phone (____) _____
- Mailing address for Business _____
City _____ State _____ Zip _____ Business Phone (____) _____

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 # _____



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

- Name of Person Filing for Business Tax _____
- Corporation Name _____
- Home Mailing address _____
City _____ State _____ Zip _____ Home Phone (____) _____
Driver's License # _____ State _____ e-mail _____



City of DeLand

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 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.



City of DeLand

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: _____