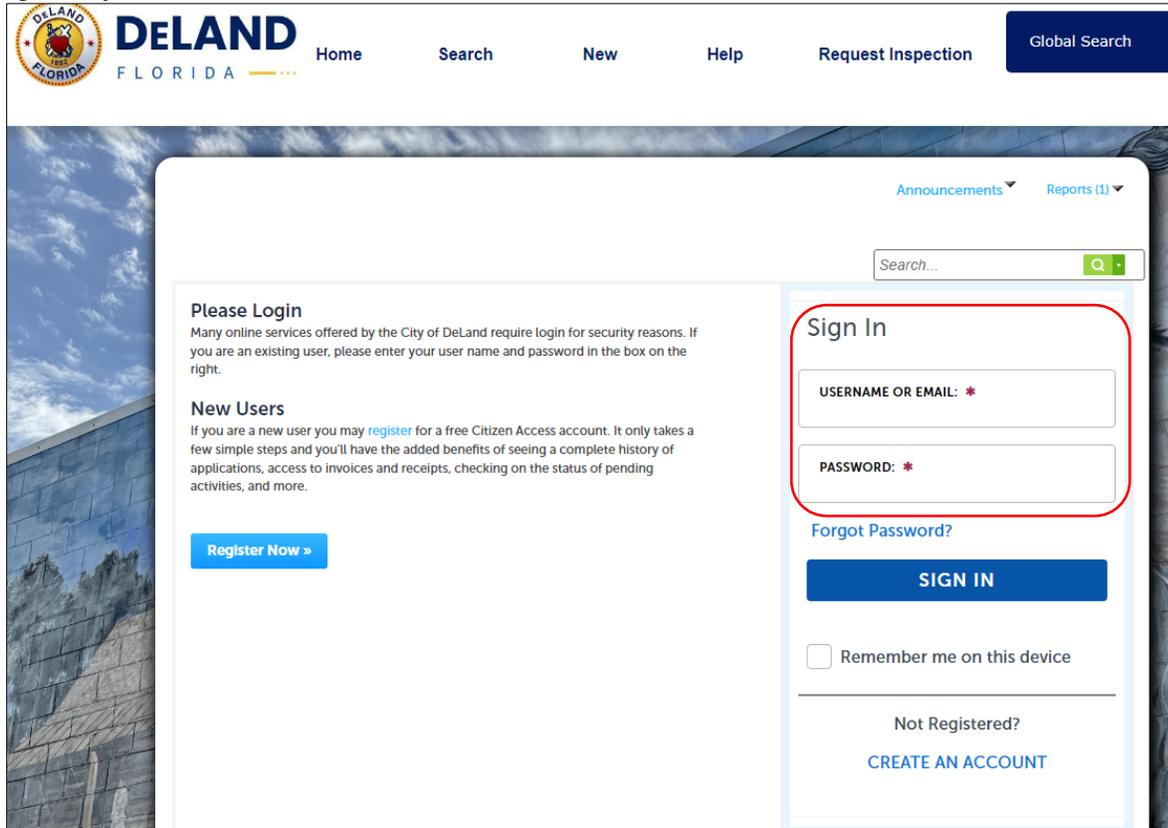


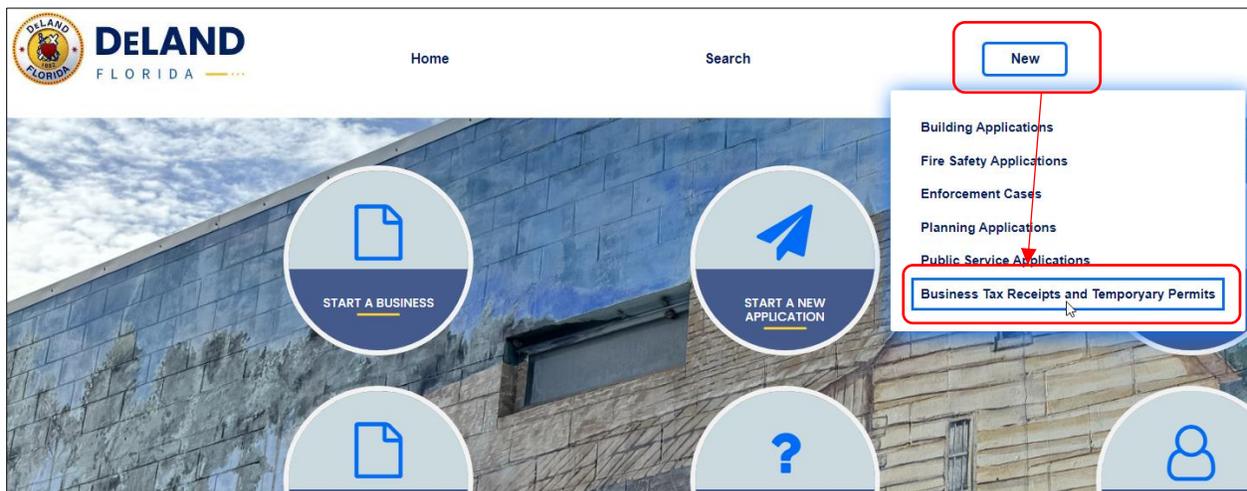


Creating a Business Tax Receipt Application

1. Log into your account:



2. Select **Business Tax Receipts and Temporary Permits** under the **New** tab:





3. Read the General Disclaimer and **select the check box** beneath the disclaimer stating that you have read and accepted the terms. Select **Continue Application** to proceed.

The screenshot shows the City of DeLand website interface. At the top left is the DeLand Florida logo. The navigation menu includes 'Home', 'Search', 'New', 'Help', and 'Request Inspection'. Below the navigation is a search bar and a user status indicator 'Logged in as: TS'. The main content area is titled 'Online Tax Receipt or Temporary Permit Application'. It contains a welcome message and a disclaimer. A checkbox labeled 'I have read and accepted the above terms.' is checked. A red box highlights the 'Continue Application' button, with a red arrow pointing to it from the checkbox.

4. Under the search box are options for the types of Business Tax receipts you may select. Select **Business Tax Receipt New Application** than select **Continue Application**.



DELAND FLORIDA Home Search New Help Request Inspection

Announcements Logged in as: T S Collections (0) Cart (0) Reports (1) Account

Search...

Select a Tax Receipt or Temporary Permit Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

Search

▼ Tax Receipts and Temporary Permits

- Business Tax Receipt/Annual Fire Safety Permit Application
- Food Truck Permit
- Garage Sale Permit
- Tent and Seasonal Sales Permit

Continue Application »

5. On Step 1: You will insert the **street number** and **street name** for your business address and select **Search**.

Or

You may enter the **parcel number** and select **Search**.



Announcements Logged in as: T S Collections (0) Cart (0) Reports (1) Search...

Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People	2 Business Information	3 Review	4 Pay Fees
---------------------	------------------------	----------	------------

Step 1: Location & People > Location Information

Please select the address where your business is located from the list of valid agency addresses. The Owner information section is for the property

Address

Enter your business address and click Search to find the address record in the agency database.

*Street No.: Direction: --Select-- *Street Name: Street Type: --Select--

Unit No.: Unit Type: --Select--

City: State: Zip: Country: United States

Or

Parcel

*Parcel Number:



6. The remainder of the location information, including the owner's information, will automatically generate from the Volusia County Property Appraiser's database.

a. Once the information has been verified, select **Continue Application** to proceed.

City: State: Zip: Country:

Parcel

* Parcel Number:

Owner

Owner Name: ?

Address Line 1:

Address Line 2:

City: State: Zip: Country:

7. Under **Applicant**, select the **Select from Account** icon, select **Associated Contact** then **Continue** to proceed. *Optional: To add a new applicant, select **Add New**. *

a. Next, under **Secondary Contact**, repeat instructions above for the **Applicant** section. The option to add a new applicant applies to this section as well.

b. The last section for the **Business Owner**, the business owner may be the same as the applicant or may be a completely different entity if the applicant is submitting on the business owner's behalf.



Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People 2 Business Information 3 Review 4 Pay Fees 5 Record Issuance

Step 1: Location & People > Contact Information
Enter your contact information below. To save time you can use the auto-fill option to copy information from your registration. * indicates a required field

Applicant

Required

Select from Account Add New

Secondary Contact

Required - This field is for emergency contact information to access the premise for the Fire Department in the event that the primary contact listed cannot be reached.

Select from Account Add New

Business Owner

Required

Select from Account Add New

Save and resume later Continue Application »

Select Contact from Account

Select a contact to attach to this application.
If the contact has multiple addresses, you can select which to use in the next step.

Showing 1-2 of 2

Category	Type	Name
<input checked="" type="radio"/> Associated Contact	Individual	T S
<input type="radio"/> Associated Owner		CITY OF DELAND

Continue Discard Changes

c. Once all sections have been completed, select Continue Application to proceed.



Applicant

Required

✔ Contact updated successfully.

City DeLand
City of DeLand
noemail@deland.org
Home phone:
Mobile Phone:2222222222
Work Phone: 3866267007
[Edit](#) [Remove](#)

Secondary Contact

Required - This field is for emergency contact information to access the premise for the Fire Department in the event that the primary contact listed cannot be reached.

✔ Contact updated successfully.

City DeLand
City of DeLand
noemail@deland.org
Home phone:
Mobile Phone:2222222222
Work Phone: 3866267007
[Edit](#) [Remove](#)

Business Owner

Required

✔ Contact updated successfully.

City DeLand
City of DeLand
noemail@deland.org
Home phone:
Mobile Phone:2222222222
Work Phone: 3866267007
[Edit](#) [Remove](#)

[Save and resume later](#) [Continue Application »](#)

8. On Step 2: Enter a **Doing Business as Name**, if applicable. If not, enter the name of the business.

a.

Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People	2 Business Information	3 Review
---------------------	------------------------	----------

Step 2: Business Information > Business Details

Detail Information

Doing Business As (DBA) Name:

+



- b. Fill out all required fields and applicable fields to your business. Be sure to read over each section carefully to ensure that you are providing accurate information.

BUSINESS INFORMATION

<p>* Name of Business: <input type="text"/></p> <p>* Business Description: ? <input type="text"/></p> <p>spell check</p> <p>* Business Type: <input type="text"/></p> <p>* Square Footage: ? <input type="text"/></p> <p>* Will there be any renovations done?: <input type="radio"/> Yes <input type="radio"/> No</p> <p>* Any New signs or additional signage?: <input type="radio"/> Yes <input type="radio"/> No</p> <p>* Liquor License: ? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Number of Stations: ? <input type="text"/></p> <p>Number of Pumps: ? <input type="text"/></p> <p># of Beds or Units: ? <input type="text"/></p>	<p>* Number of Employees: <input type="text"/></p> <p>* Business Type of Organization: ? <input type="text"/></p> <p>State License Number: <input type="text"/></p> <p>* Was there a business/profession at this address/tenant space prior?: <input type="radio"/> Yes <input type="radio"/> No</p> <p>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.: <input type="checkbox"/></p> <p>* I understand that if I install a sign without pulling a building permit, I will be obligated to pay any and all applicable fines.: <input type="checkbox"/></p> <p>Number of Seats: ? <input type="text"/></p> <p>Number of Vending Machines: ? <input type="text"/></p> <p>Number of Vehicles: ? <input type="text"/></p>
---	---

- c. If this is a **Home Business**, the following section will expand for further acknowledgement of the City of DeLand's requirements regarding homes businesses.



Home Business Information

HOME BUSINESS

Home occupations shall be limited to the following activities: a. Office, not to exceed two hundred square feet. b. Seamstress and tailor and related uses. c. The giving of individual instruction, such as in art or piano, to one person at a time, is deemed to be a home occupation. d. The fabrication of articles commonly classified under the terms arts, woodworking and handicrafts may be deemed to be a home occupation, and providing no retail sales are made at the home. A home occupation shall be subject to all application City business licenses and other business taxes. A home business which is not state regulated will not require an Annual Fire Safety Permit. The business will be reviewed upon submittal and the permit will be closed if deemed as not required.

* I guarantee that there are no others employed by this business who are or will be using these residential premises in connection with the business, except for members of my immediate family. The home occupation shall be clearly incidental and subordinate to its use for residential purposes.: Yes No

* I shall only use my home for office and bookkeeping purposes related to my business.: Yes No

* Work will not be conducted in any accessory building with the exception of a fully enclosed garage.: Yes No

* I guarantee that there will be no customers or other pedestrian and/or vehicular traffic coming to these premises in connection with this business.: Yes No

* I guarantee that there will be no inventory stocked on the premises, nor any warehousing, storage of any articles of merchandise. Equipment, or trailers of any kind used in connection with the business located at this address, must be stored in a fully enclosed garage or storage building.: Yes No

* I will not use any equipment or conduct a process that will create noise, vibration, glare, fumes, odor, or electrical interference detectable to the normal senses off the premises. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises.: Yes No

* There shall be no change in the outside appearance of the building or premises, with the exception of an unlighted name plate or sign that is not more than one square foot in area and that is attached to the building.: Yes No

* I certify that all the information supplied to the City of DeLand on my application for a business license is true and correct and I acknowledge the City of DeLand's right to rescind my license and take any other legal means necessary in accordance with Chapter Thirty Three of the City Code upon their determination.: Yes No

* In the event that the City of DeLand determines that there has been any violation of this agreement I further agree to cease all business activities at this address immediately upon due notice from the City of DeLand.: Yes No

If this is not a **Home Business**, proceed to the **Professional List** section, if applicable.

- d. If the **Professional List** section is applicable to your business, select **Add a Row** to add the professional's name and state license number.



Professionals List

BTR PROFESSIONAL

Accountants, Architects, Attorneys, Dentists, Optometrists, Physicians/Surgeons, Veterinarians, Real Estate Agents, Real Estate Appraisers and all other professionals: List each professional working out of your office and provide the state license number for each. Professionals operating out of a professional office must obtain their own individual Business Tax Receipt)

Showing 0-0 of 0

Name	License #
No records found.	

[Add a Row](#) | [Edit Selected](#) | [Delete Selected](#)

If the **Professional List** section is not applicable to your business, skip and select **Continue Application** to proceed.

Home Business Information

HOME BUSINESS

Home occupations shall be limited to the following activities: a. Office, not to exceed two hundred square feet. b. Seamstress and tailor and related uses. c. The giving of individual instruction, such as in art or piano, to one person at a time, is deemed to be a home occupation. d. The fabrication of articles commonly classified under the terms arts, woodworking and handicrafts may be deemed to be a home occupation, and providing no retail sales are made at the home. A home occupation shall be subject to all application City business licenses and other business taxes. A home business which is not state regulated will not require an Annual Fire Safety Permit. The business will be reviewed upon submittal and the permit will be closed if deemed as not required.

Professionals List

BTR PROFESSIONAL

Accountants, Architects, Attorneys, Dentists, Optometrists, Physicians/Surgeons, Veterinarians, Real Estate Agents, Real Estate Appraisers and all other professionals: List each professional working out of your office and provide the state license number for each. Professionals operating out of a professional office must obtain their own individual Business Tax Receipt)

Showing 0-0 of 0

Name	License #
No records found.	

[Add a Row](#) | [Edit Selected](#) | [Delete Selected](#)

[Save and resume later](#)

[Continue Application »](#)

- On Step 2: Enter the required Fire Prevention requested information. Once the information is entered, select **Continue Application** to proceed.



Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People 2 Business Information 3 Review 4 Pay Fees 5 Record Issuance

Step 2: Business Information > Fire Prevention Details * indicates a required field

Fire Prevention Information

FIRE PREVENTION INFORMATION

* Property Owner Phone Number:

* Property Owner Email Address:

If this is a State Licensed Facility, please provide the number of beds, persons, or other capacity units as shown on your license:

Desired opening date of business (Optional):

Please note: If the number of employees has changed or a professional has been removed/added to your business, please send an email to building@deland.org stating this change. Please reference the record number/business property address, and the name of the business.

- a. If any of the following changes apply to your business such as a **new business name**, a **new location** or **new ownership**, select “**Yes**” and provide the **existing business tax receipt number**. Once completed, select **Continue Application** to proceed.



Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People	2 Business Information	3 Review	4 Pay Fees	5 Record Issuance
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Step 2: Business Information > Change Request * indicates a required field

Custom Fields

CHANGE REQUEST

*Are you making a change to an existing Business Tax Receipt?: Yes No

*Existing Business Tax Receipt Number:

[Save and resume later](#) [Continue Application »](#)

- b. If no changes, select “No”. Once completed, select **Continue Application** to proceed. Once completed, select **Continue Application** to proceed.

Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People	2 Business Information	3 Review	4 Pay Fees	5 Record Issuance
---------------------	------------------------	----------	------------	-------------------

Step 2: Business Information > Change Request * indicates a required field.

Custom Fields

CHANGE REQUEST

*Are you making a change to an existing Business Tax Receipt?: Yes No

[Save and resume later](#) [Continue Application »](#)

- c. On this section, upload all applicable documents required for your business.



Search...

Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People	2 Business Information	3 Review	4 Pay Fees	5 Record Issuance
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Step 2: Business Information > Attached Documents

* indicates a requirement

Required Documents

- Required at submittal for Business Tax Receipt
1. Fictitious Name or Articles of Incorporation
 2. State License, if applicable
 3. 501c3 Documentation, if applicable
- Required at submittal for Fire Prevention Except non-state licensed home businesses
1. Copy of Submitted State License Application
 2. Emergency Fire Plan/Fire Plan
 3. Sketch of Existing and proposed floor plan
 4. Sketch of site/parking plan
- Additional documents may be required prior to issuance.

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed types to upload.

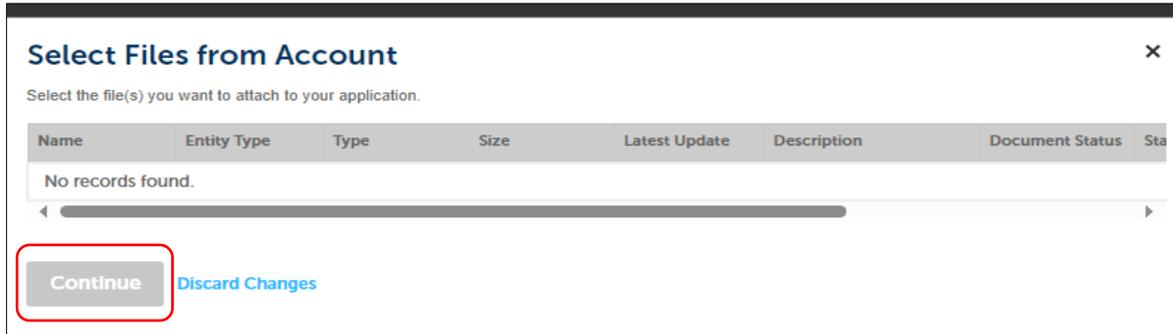
Name	Type	Size	Latest Update	Action
No records found.				

[Continue Application](#)



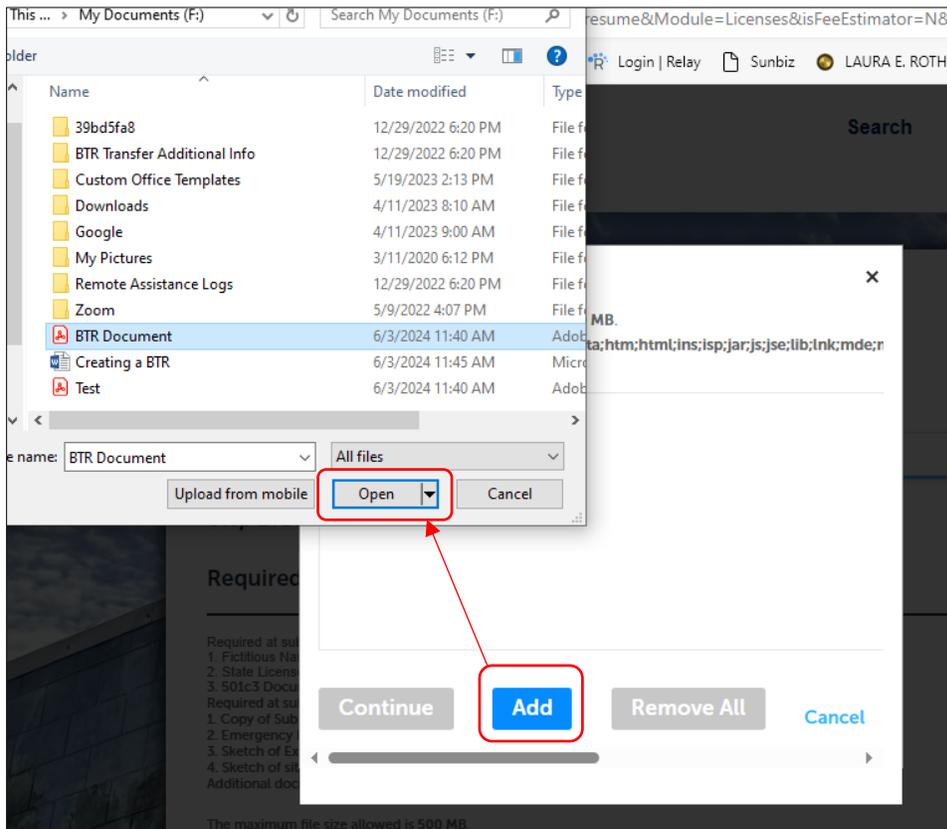
To upload documents, select either of the following:

Select from Account: If this option is selected a page will appear with any documents attached to your account. Select the appropriate document(s) and select **Continue**.

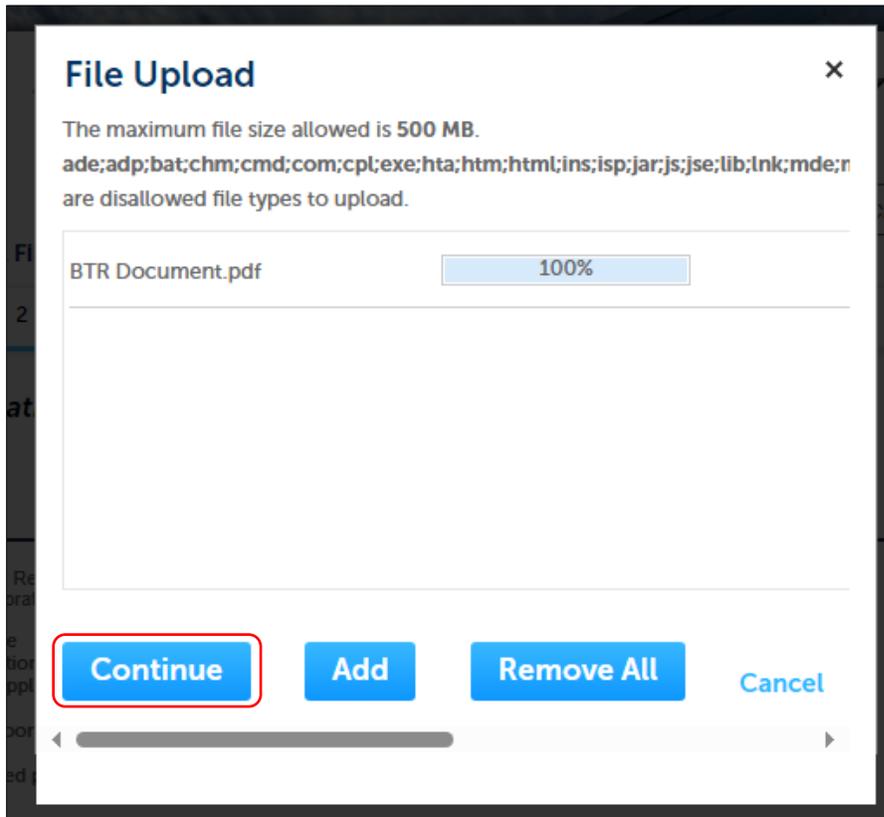


Or

Add: If this option is selected, click on **Add** to select the file(s) to upload. Click on **Open** to add it to the application.



Once all files have been uploaded, select **Continue**.



- d. The **Required Documents** section will expand to request additional information.

For each document uploaded select the **Type** of document for each provided. A description box is provided if further explanation of the document is needed.

Once all documents have been uploaded and updated accordingly, select **Save**.



Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People 2 Business Information 3 Review 4 Pay Fees 5 Record Issuance

Step 2: Business Information > Attached Documents * indicates a required field

Required Documents

Required at submittal for Business Tax Receipt
 1. Fictitious Name or Articles of Incorporation
 2. State License, if applicable
 3. 501c3 Documentation, if applicable
 Required at submittal for Fire Prevention Except non-state licensed home businesses
 1. Copy of Submitted State License Application
 2. Emergency Fire Plan/Fire Plan
 3. Sketch of Existing and proposed floor plan
 4. Sketch of site/parking plan
 Additional documents may be required prior to issuance.

The maximum file size allowed is 500 MB.
 ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;scrt;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

***Type:** --Select-- Remove

File: BTR Document.pdf
100%

Description:

[spell check](#)

Also Attach To: --Select--

Save Select from Account Add Remove All

Save and resume later [Continue Application »](#)

Once **Save** have been selected, a confirmation message will show at the top of screen stating the attachment(s) has/have been successfully uploaded.

Select **Continue Application** to proceed.



The attachment(s) has/have been successfully uploaded.
It may take a few minutes before changes are reflected.

Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People	2 Business Information	3 Review	4 Pay Fees	5 Record Issuance
---------------------	------------------------	----------	------------	-------------------

Step 2: Business Information > Attached Documents * indicates a required field

Required Documents

Required at submittal for Business Tax Receipt
 1. Fictitious Name or Articles of Incorporation
 2. State License, if applicable
 3. 501c3 Documentation, if applicable
 Required at submittal for Fire Prevention Except non-state licensed home businesses
 1. Copy of Submitted State License Application
 2. Emergency Fire Plan/Fire Plan
 3. Sketch of Existing and proposed floor plan
 4. Sketch of site/parking plan
 Additional documents may be required prior to issuance.

The maximum file size allowed is 500 MB.
 ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;mvp;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
BTR Document.pdf	Articles of Incorporation	28.16 KB	06/03/2024	Actions ▼

10. On Step 3: Verify that all of the information provided into the application is correct and make any changes prior to submitting the application.
 - a. Select **Edit** for the section that needs to be altered.



Business Tax Receipt/Annual Fire Safety Permit Application

1 Location & People	2 Business Information	3 Review	4 Pay Fees	5 Record Issuance
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Step 3: Review

[Save and resume later](#) [Continue Application »](#)

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on. You must check the box to agree to the certification at the bottom of the page before you can continue.

Record Type

Business Tax Receipt/Annual Fire Safety Permit Application

Address [Edit](#)

120 S FLORIDA AV
DELAND 32720

Parcel [Edit](#)

Parcel Number: 701652000020

Owner [Edit](#)

CITY OF DELAND
120 S FLORIDA AVE
DELAND FL 32720

Applicant [Edit](#)

City DeLand
City of DeLand

Primary/Cell Phone 3866267007
E-mail: noemail@deland.org

Secondary Contact [Edit](#)

Once all of the information has been verified, read the Certification at the bottom of the page and select the checkbox if you agree. *You must agree to continue. *

The date will automatically generate once the Certification agreement checkbox has been selected.

Select **Continue Application** to proceed.



I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.

By checking this box, I agree to the above certification. Date: 06/03/2024

[Save and resume later](#) [Continue Application »](#)

- b. On this section you will receive confirmation that the application has been successfully submitted and the business tax application number.

Search...

1 Select item to pay 2 Payment information **3 Receipt/Record issuance**

Step 3: Receipt/Record issuance

Receipt

 Your update has been successfully submitted.

120 S FLORIDA AV, DELAND 32720

[BTA24-003](#)

The application has been completed. Email notifications will be sent to the applicant throughout the application process.