



TOWN OF PONCE INLET - PLANNING AND DEVELOPMENT DEPARTMENT

*THE TOWN OF PONCE INLET STAFF SHALL BE PROFESSIONAL, CARING, AND
FAIR IN DELIVERING COMMUNITY EXCELLENCE WHILE ENSURING PONCE
INLET CITIZENS OBTAIN THE GREATEST VALUE FOR THEIR TAX DOLLAR.*

HOME BASED - BUSINESS TAX RECEIPT INFORMATION SHEET

Attached is an application for a Business Tax Receipt. Please fill out this form completely and return to the Building & Code Enforcement Department. An incomplete application may delay your processing time.

All Business Tax Receipts will be issued contingent upon issuance of a Home Occupation Permit.

Per Chapter 22, Article II, of the Code of Ordinances and Florida Statute 205, the following items must be submitted **prior** to issuance and/or renewal of the license:

1. Complete the Business Tax Receipt application. **The operation of a business is not permitted until the Town Business Tax Receipt and Home Occupation Permit are issued.**
2. Copy of your Fictitious Name, LLC or Articles of Incorporation accepted by the Division of Corporation is required.

Note: A Fictitious Name is any business name that is **not your formal first and last name.**
3. If location is a rental, written permission from the home owner must be provided with application.
4. A copy of the business owner's driver's license or other photo identification.
5. Businesses requiring a State License, please attach a copy of the current license from applicable State Agency. State license's are **location specific** and need to be registered to the current place of business.
6. Attach a sketch or drawing of the floor plan of your home showing dimensions of each room and the total home. Label the rooms and identify the area to be used for the home occupation.
7. Certificate of Liability & Workmen's Comp. Insurance or exemption (Contractors & Handyman only).

PLANNING AND DEVELOPMENT DEPARTMENT

4300 S ATLANTIC AVENUE ● PONCE INLET, FL 32127 / PHONE 386-236-2182● FAX 386-236-2190

Volusia County:

After receiving your Town of Ponce Inlet Business Tax Receipt you will need to obtain a Business Tax Receipt from Volusia County. The County Administrative building is located at 123 West Indiana Avenue, Deland, Florida or you may contact them at: www.volusia.org/revenue/BTRInfo.htm, or (386) 736-5937 Deland;

(386) 254-4635 Daytona Beach and (386) 423-3325 New Smyrna Beach.

Initial Business Contacts

Fictitious Name: Contact Fictitious Name Registration
Florida Division of Corporations
www.sunbiz.org
(850) 245-6058 or

Sales Tax Numbers for Businesses: Florida Sales Tax
State of Florida
Department of Revenue
(800) 352-3671
www.myflorida.com/dor
Local office: 1821 Business Park Blvd., Daytona Beach
(386) 274-6600

Internal Revenue Service: Employer Identification Number (EIN)
www.irs.gov
(800) 829-4933 – Business & Specialty Tax Line

State Licensing Agencies

Florida Department of Business and Professional Regulation (DBPR), State Licensing:
www.myfloridalicense.com (850) 487-1395

Florida Department of Agriculture and Consumer Services, State Licensing:
www.doacs.state.fl.us (800) 435-7352 Florida Only

Volusia County Health Department –Tanning, Tattoo, Mobile Home Parks, Food Hygiene, etc:
www.doh.state.fl.us/chd/volusia (386) 274-0692

Division of Plant Industry, Nursery/Nursery Stock Dealers Registration:
www.doacs.state.fl.us/pi (352) 372-3505

Florida Department of Financial Services, State Licensing and Workers' Compensation:
www.fldfs.com (800) 848-3792

ABT Licensing District Office, Alcohol and Tobacco Licensing:
<http://www.myfloridalicense.com/dbpr/abt/index.html> (407) 245-0785
400 W Robinson Street, Room 709, N Tower, Hurston Bldg, Orlando, FL

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Business Assistance Groups

Port Orange/South Daytona Chamber of Commerce:

www.pschamber.com (386) 761-1601

Small Business Development Center (SBDC):

www.sbdcdaytona.com (386) 506-4723

SCORE, Local Office:

www.score87.org (386) 255-6889 – 921 N Nova Road, Holly Hill, FL

Center for Business Excellence:

www.centerforbusinessexcellence.net (386) 323-7074 – 329 Bill France Blvd, Daytona Beach, FL

Disney Entrepreneur Center:

www.disneyec.com (407) 420-4848

Florida Small Business:

www.floridasmallbusiness.com



Town of Ponce Inlet
 4300 S. Atlantic Avenue
 Ponce Inlet, FL 32127
 386-236-2182 (voice)
 386-236-2190 (fax)

BUSINESS TAX RECEIPT
HOME BASED APPLICATION

Submittal Receipt # and Date: _____
 Fee Paid: _____

THIS FORM MUST BE FILLED OUT COMPLETELY

TYPE OF LICENSE: NEW Renewal Transfer
BUSINESS TAX RECEIPT # _____ **HOME OCCUPATION PERMIT #** _____

SECTION 1: BUSINESS OWNER INFORMATION

Business Name			
Owner's Name			
Property Address			
Type of Business			
Tax ID Number		SS Number	
Business Phone		E-Mail	
Contact Name		Fax	
Emergency Contact Name		Emergency Number	

SECTION 2: PROPERTY DETAILS

Property Owner & Phone Number: _____

Is property leased? If so, please attach a copy of letter from property owner

SECTION 3: BUSINESS DETAILS

Days and Hours of Operation (See Section 3.23.2 of the Town' LUDC): _____

List all activities to be conducted on premises (See Section 3.23.2 of the Town's LUDC): _____

Number of Employees (See Section 3.23.2 of the Town's LUDC): _____

Start Date of Business, if new: _____

Will a sign be placed (If yes, See Section 3.30.3.B of the Town's LUDC): _____

A HOME BUSINESS TAX RECEIPT IS ISSUED IN CONJUNCTION WITH A HOME OCCUPATION PERMIT, PURSUANT TO FLORIDA STATUTE 205, CHAPTER 22 OF THE TOWN OF PONCE INLET CODE OF ORDINANCES AND SECTION 3.23 OF THE TOWN OF PONCE INLET LUDC

PLEASE SIGN AND DATE APPLICATION – unsigned, undated & incomplete applications will not be processed.

I understand that granting of a Business Tax Receipt does not waive my responsibility to ensure compliance with all applicable requirements including the requirement for a Home Occupation Permit. Additionally, I agree to hold the Town harmless for any damages that may incur from my failure to meet all Town codes. I hereby swear and affirm that the information provided above is true and correct to the best of my knowledge.

Date of Application: _____

Applicant's Signature: _____

Subscribed and sworn to (or affirmed) before me on _____, 20____

by _____.

He / She is personally known to me or has presented _____ as identification.

SEAL / STAMP

Notary Signature: _____

FOR OFFICE USE ONLY:

Copy of Applicable State/County/Other Jurisdictional Licenses attached for this occupation:

YES NO N/A

List of Licenses attached: _____

Copy of Lease:

YES NO N/A

Letter From Owner:

YES NO N/A

Fees: Application Processing Fee	\$	25.00
Business Tax Receipt Fee	\$	_____
Other Fees (Type _____)	\$	_____
Total Fees:	\$	_____

Application Accepted by: _____

DEPARTMENT APPROVALS

Planning & Zoning Review: Approved Denied

Zoning District classification: _____ Comments: _____

Approved By: _____ Date: _____
Department Representative

ADMINISTRATIVE SERVICES – Delinquency of Fees/Taxes No Yes

If YES, identify the fees/taxes/charges owed: _____

Date of Review: _____ Approved by: _____