



City of Flagler Beach

Building & Zoning Department

116 South 3rd Street

Flagler Beach, Florida 32136

Phone (386) 517-2000 . Fax (386)

www.cityofflaglerbeach.com

Dear New Home Based Business Owner,

The Local Business Tax Receipt (LBTR), formerly known as Occupational License, Division welcomes you into the business community of Flagler Beach.

This package has been developed in an effort to provide a guideline for you to gather all necessary documentation required to complete your LBTR application process.

The LBTR Division hours are 8:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m., Monday thru Friday.

If we can be of further assistance to you, please call us at (386) 517-2000 (ext. 231)

Please continue to scroll down to view the forms needed to complete your application.

Local Business Tax Receipt Application Checklist

1. Completed Local Business Tax Receipt (LBTR) Application.
2. Completed Notarized Affidavit.
3. A copy of the current fictitious name registration issued by the Division of Corporations of the Department of State **or** if the business is a Corporation, a copy of the certification issued by the Division of Corporations of the Department of State and/or a copy of the corporate seal.
4. A copy of your State License(s) issued by the Department of Business and Professional Regulations if required for your Occupation.
5. Copy of General Liability Insurance.
6. Copy of Recorded Warranty Deed **OR** lease stating a home business is permitted. If this is not affirmed in the lease, a notarized statement from the property owner is also required.
7. Application Review Fee of \$45.00.

AFFIDAVIT

Home Occupations must at all times conform to the requirements herein expressed:

Article II Section 18-21 Home Occupations.

- A. No more than one home occupation shall be permitted within any single dwelling unit. Excluding cases where a person requires multiple professional or vocational licenses and the actual performance or work occurs somewhere other than the persons dwelling unit.
- B. Permitted home occupations shall not include the employment of more than one additional person.
- C. No stock in trade shall be openly displayed or maintained on the premises and no sales on the premises shall occur.
- D. A home occupation shall produce no noise or obnoxious odors, vibration, glare, fumes or electrical interference detectable to normal sensory perception.
- E. No traffic or parking shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood, and only one commercial vehicle no larger than one ton may be kept at the dwelling unit where it is to be parked in the driveway or to the side or rear of the dwelling.
- F. There shall be no exterior indication of the home occupation, except that one non-flashing sign mounted flat against the building or non-flashing window sign having an area of not more than two square feet shall be permitted on each street front of the lot on which the building is situated.
Note: Signs mounted against the building require Planning and Architectural Board approval. After board approval you must apply and obtain a building permit before mounting the sign(s).
- G. No mechanical equipment shall be used or stored on the premises in connection with the home occupation except that which is normally used for purely domestic or household purposes.

I understand the requirements of Article II Sec. 18-21 Home Occupations. Violating any of the above requirements could result in my occupational license being revoked or suspended.

Print Name of Owner/Tenant

Street Address

Signature of Owner/Tenant

Home Phone Number

STATE OF FLORIDA
County of Flagler,

The foregoing was acknowledged before me on this _____ day of _____, 20____, who is personally known to me or has produced _____ as identification and who

DID or DID NOT take an oath.
(Circle one)

Print Name of Notary Public

Notary Stamp/Seal

Signature of Notary Public

CITY OF FLAGLER BEACH
APPLICATION
FOR
LOCAL BUSINESS TAX RECEIPT

Please complete all applicable items that pertain to your particular business application request. Knowingly filing false information could result in the application being denied or license revoked.

NAME AND MAILING ADDRESS

Business Name: _____

Type of Business: _____
(Please give details of business activity)

Business Address: _____

Business Phone: _____ Home Phone: _____

Applicants Name: _____

Mailing Address: _____

State License # (If required): _____ SS# or DL # _____

Please indicate your business' legal classification:
____Sole Proprietor ____Corporation ____Professional Association ____Partnership____
Other Legal Entity _____

Business Property Legal Description:
Parcel Number: _____ Lot: _____ Block: _____ Subdivision: _____
Zoning of Business Property: _____

I certify to the best of my knowledge all answers given above are true and correct.

Signature of Applicant Date



REVIEW COMPLETED

Department Head: _____ Date: _____

Comments: _____



****NOTICE****
FOR ALL HOME OCCUPATIONS: Monthly charges for sanitation services will increase.
If you have any questions please call the utility billing clerk at (386) 517-2000 (ext. 226)