



Office Use Only

City of Cocoa Beach

2 South Orlando Ave. ♦ Cocoa Beach, FL 32931
Phone: (321)-868-3298 ♦ Fax: (321)-868-3378

BC# _____
BL# _____
CU# _____

DATE RECEIVED: _____

DATE ENTERED: _____

DATE SCANNED: _____

RENTAL HOME BUSINESS TAX & CERTIFICATE OF USE APPLICATION (AKA OCCUPATIONAL LICENSE)

| | |
|-------------------------|-----------------|
| Classification # | _____ |
| New App Fee: | \$ _____ |
| Additional Fees: | |
| Transfer Fee: | \$ _____ |
| Tax per Unit: | \$ _____ |
| Cert of Use: | \$ _____ |
| Fire Inspect: | \$ _____ |
| TOTAL DUE | \$ _____ |

Property Owner's Name: _____
(i.e., Owner, Agent, Property Manager)

Property Location: _____
(Physical Street Address—Not PO Box)

Property Manager's Name: _____

Mailing Address: _____
(Number Street (City) (State) (Zip))

Business Phone: _____ Business Fax: _____

Web-Site/E-mail for Rental: _____

Contact Name & Phone Number for Fire Inspection: _____
(Name) (Phone)

Rental length at this location-Check all that apply Daily Weekly Monthly 3 Months 6 Months + Annual

Description of Property: _____
(i.e., Condo, Townhouse, Single Family Dwelling, Duplex)

State Business License #: _____ Expiration: _____
(Sec. 509.013, FL Statutes) (Type) (Number)

State Sales Tax #: _____ Federal Employer ID or SS #: _____
(Required if property is rented for less than 6 months) Florida Statutes requires a federal employer identification number or social security number prior to issuing a business tax receipt.) Section 205.0535(5)

Applicant /Owner/Corporate Officer Information:
(Check One) Sole Proprietor Corporation Partnership LLC

Property Owner Information:

| | |
|--------------------|--------------------------|
| Name: | _____ |
| Mailing Address: | _____ |
| City, State & Zip: | _____ |
| Telephone: | () _____ Fax: () _____ |
| E-Mail: | _____@_____ |

| | |
|--|--------------------------|
| Name of Corporation: <i>(If Incorporated)</i> | _____ |
| Corporate Mailing Address: | _____ |
| City, State & Zip: | _____ |
| Telephone of Holding Co.: | () _____ Fax: () _____ |
| E-Mail: | _____@_____ |

FOR OFFICE USE ONLY

| | | | | |
|-------------------------------|------------|-----------------------------------|---------------------------------------|------------------------|
| <u>Planning & Zoning:</u> | Date _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | Zoning District: _____ |
| <u>Fire Department:</u> | Date _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | NOTES: _____ |
| <u>Development Services:</u> | Date _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | NOTES: _____ |



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PROPERTY OWNERS AFFIDAVIT. I certify that I am aware and approve of the parties above managing my property, providing that they maintain compliance with all applicable laws regulating business operations in the City of Cocoa Beach.

Signature: _____ Date: _____

Print Name: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public (as to Owner/Agent)

Notary Signature: _____ Date: _____

My Commission Expires: _____ Seal: _____

Please make sure to include the following with this completed application: (as applicable)

- Copy of Drivers License
- Copy of ALL State Licenses
- Copy of Sales Tax Certificate
- Copy of Fictitious Name Registration (if not Incorporated OR sign Fictitious Name Affidavit below)
- Copy of Articles of Incorporation (if not a Sole Proprietor or Partnership)
- Copy of Certificate of Liability Insurance
- Copy of Lease / Property Owners Agreement / Proof of ownership
- Copy of most recent DBPR HR #7010 Div. of Hotels & Restaurants Notification of Change for Vacation Rental (for new & removed rental units listed on State Collective License) (if applicable)
- Signed Sign Affidavit & \$10.00 Non-Refundable Application Processing Fee

NOTICE TO PROPERTY OWNER/MANAGER: Any alteration to the building will require a Building Permit and inspections for compliance with adopted City/State Building/Plumbing/Fire Codes. This includes wall partitions and wall coverings as well as electrical, plumbing, and/or mechanical work. In addition, a Building Permit will be required for any ground or wall sign erected or altered at this location. INITIAL: _____ DATE: _____

FICTITIOUS NAME AFFIDAVIT: In accordance with § 205.023, this is to certify that the business identified herein is exempt from, and need not comply with, the Florida Fictitious Name Act (§865.09, Florida Statute) for the following reason:

- I am doing business under an incorporated / LLC/LP name, or my name as a licensed professional.
- I am a single business owner using my first and last name as a part of my business name.
- I have registered my fictitious name with the Division of Corporation.

Signature: _____ Date: _____ Print Name: _____ Title: _____

SIGN AFFIDAVIT: I understand that per the Land Development Code, no sign shall be erected, altered, moved or painted without approval and permits obtained through the building and zoning department of the City of Cocoa Beach.

Signature _____ Print Name _____ Date _____

EXEMPTION AFFIDAVIT: This is to certify that the business identified herein is claiming an exemption from license fees (upon proof per section 205.162) for the following reason:

- I am an allowed disabled person
- I am a disabled veteran or their un-remarried spouse
- I am a widow with minor dependents
- I am over 65 years old (conditions apply)

Signature _____ Print Name _____ Date _____

By signing this form I state that the information provided is true and correct to the best of my knowledge. I hereby agree to abide by all ordinances, rules, laws, and regulations applicable to such business with the state of Florida, the County of Brevard, and the City of Cocoa Beach. I understand that non-compliance with these regulations can result in fines of up to \$100.00 per day, suspension, or revocation of Certificate of Use.

Signature _____ Print Name _____ Date _____



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IMPORTANT INFORMATION REGARDING SHORT TERM TRANSIENT RENTALS

- The City's zoning map and State Statutes that govern transient lodging establishments. Transient lodging rentals are permitted only in the City's CT-1 and CG zoning districts or as authorized by Resolution of the City Commission. Zoning maps are available to purchase in the Building Department or you can access these maps on the city's website: www.cityofcocoa beach.com.
- The City's zoning regulations (found in the City's Land Development Code Chapter III) regulates the length of time dwelling units can be rented. Transient lodging is a prohibited use in the RM-1 Multifamily Residential District, the RM-2 Multifamily Professional District, the RM-2A High Density Multifamily District II, and the CN Neighborhood Commercial District. Rentals other than transient lodging are permitted in these districts.
- The minimum rental period for homes in areas outside CT-1 & CG zoning districts is the rental period when such rental does not become a transient lodging establishment. Generally – this means a minimum period of one month, and such rental is not permitted to transient residents.
 - **Transient lodging** is defined as “rented more than three (3) times in a calendar year for periods of less than thirty (30) days or one (1) calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to transient residents”.
 - “**Transient resident** means a visitor to the community who does not use the dwelling as principal residence, who is neither gainfully employed in the community nor a student currently enrolled in a school located in the community or who resides in the dwelling for less than thirty (30) days or one (1) calendar month, whichever is less.”
- All rental properties are required to obtain a City Business Tax Receipt (BTR) and a Certificate of Use. Rental properties are also required to have a life-safety inspection by the Cocoa Beach Fire Department. Property owner should contact the fire department at 321.868.3330 to schedule the inspection.
- For rentals of six months or less, a state sales tax registration and certificate is required. Rentals of six months or less are required to pay state sales tax, which includes a county bed tax.
- For transient lodging rentals (permitted only in the City's CT-1 and CG zoning districts – or as authorized by Resolution of the City Commission), registration with the State Department of Business and Professional Regulation (DBPR) is required www.myfloridalicense.com/dbpr.

By signing this form I acknowledge that I have read the above short term transient lodging rules and guidelines.

Signature _____ Print Name _____ Date _____