



Office Use Only

BC# _____
BL# _____
CU# _____

DATE RECEIVED: _____

DATE ENTERED: _____

DATE SCANNED: _____

City of Cocoa Beach

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

Office Use Only
Classification # _____

New App. Fee: \$ _____

Additional Fees:

Business Tax: \$ _____

\$ _____

TOTAL DUE \$ _____

HOME OCCUPATION/BUSINESS TAX (OCCUPATIONAL LICENSE) APPLICATION

(Check One) ♦ New Business ♦ Name Change ♦ Address Change

Business Information:

Type of Business: ♦ For Profit ♦ Not for Profit

Business Name: _____

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

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

Business Phone: _____ Business Fax: _____

Web-Site/E-mail for Business: www. _____ @ _____

After Hours Emergency Contact & Phone Number: _____
(Name) (Phone)

Previous Type of Business at this location *(if known)*: _____

Brief Description of Business: _____

Opening Date of Business / Date Business Assumed or Relocated: _____

Fictitious Name / Articles of Incorporation #: _____

NOTE: Affidavit to be signed if no Fictitious Name Registration

State Business License #: _____ Expiration: _____
(Type) (Number)

State Sales Tax #: _____ Federal Employer ID #: _____
(Section 205.0535(5), Florida Statutes requires a federal employer identification number or social security number prior to issuing a business tax receipt.)

Applicant /Owner/Corporate Officer Information:

(Check One) ♦ Sole Proprietor ♦ Corporation ♦ Partnership ♦ LLC

Name of Corporation: <i>(If Incorporated)</i>	
Corporate Mailing Address:	
City, State & Zip:	
Telephone of Holding Co.:	() Fax: ()
E-Mail:	@
Name of Person Making App:	
Mailing Address of Person Making App:	
City, State & Zip:	
Telephone of Person Making App:	() Fax: ()
Driver's License # of person making App:	
E-Mail:	@



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Property Owner Information: *(if different)*

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

PROPERTY OWNERS AFFIDAVIT. I certify that I am aware and approve of the parties above doing business on my property, as stated above, 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) _____
My Commission Expires: _____ Seal:

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

- Copy of Drivers License
- 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 ALL State Licenses & Copy of Certificate of Insurance
- Copy of Lease / Property Owners Agreement
- Copy of Bill of Sale *(if transfer of ownership)*
- Copy of Old Business Tax Receipt *(if change of address)*
- Signed Home Occupation Affidavit *(if working from a residential location)*
- Signed Sign Affidavit & \$10.00 Non-Refundable Application Processing Fee

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 Florida Department of State Division of Corporations

Signature _____ Print Name _____ Title _____ Date _____

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 widow with minor dependents.
- I am a disabled veteran or their un-remarried spouse.
- 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, County & 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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HOME OCCUPATION AFFIDAVIT

Application is hereby made for a Home Occupation and I agree to meet the following criteria and requirement of City of Cocoa Beach Code Appendix B "Land Development Code" Section 4-78, in the conduct of my business as a home occupation:

1. The home occupation and business use is clearly incidental and secondary to the use of the dwelling for residential purposes and does not change the residential character of the dwelling or neighborhood.
2. No employees or persons other than residents of the dwelling unit shall be engaged in such occupations.
3. Home occupations must be clearly accessory to the residential use.
4. There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation.
5. There shall be no signs advertising or otherwise related to or indicating a home occupation use on the premises or in any public right-of-way.
6. The home occupation shall not displace the normal use of residential and accessory structures.
7. There shall be no outside storage of materials or products on the premises visible from the property boundaries. Any materials, products or other items associated with the home occupation must be within a fully enclosed structure on the premises. No chemicals or toxic materials may be stored in amounts in excess of those normally related to residential use of the dwelling. There shall be no additional and separate entrance indicated or otherwise constructed for the purpose of conducting the home occupation
8. Only such commodities as are made on the premises may be sold on the premises and all such sales shall be conducted within the building and no display of such products shall be made outside the building or be in any way visible from outside the building
9. No traffic shall be generated by such home occupation in greater volume than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be limited to parking within the street right-of-way directly adjacent to the subject property met off the street and other than in a required yard.
10. Additional driveways or paved areas to serve such home occupations shall not be permitted.
11. A reasonable number of deliveries of business-related products shall be permitted, however, "reasonable" shall not be interpreted to mean more than three (3) deliveries per day, or any delivery method that disrupts traffic flow. No home occupations shall interfere with or share driveway or off-street parking space with an adjoining property.
12. No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses of the lot, or harmful to flora or fauna on or off the premises. In the case of the electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuations in line voltage off the premises.

NOTE: Any home occupation permit may be revoked by the Development Services Department Director or his designee ten (10) days after it has been determined the home occupation has been a public nuisance as defined in the City of Cocoa Beach code and/or is not in compliance with the City of Cocoa Beach Code.

I have read and understand and agree to the above and the criteria set forth in the City Code of Ordinances. I do hereby swear or affirm that the answer and statements made by me in the application for home based occupational license are true and correct.

Signature _____ Print Name _____ Title _____ Date _____

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

Notary Public (as to Owner/Agent) _____

My Commission Expires: _____

Seal: