



Business Tax Receipt Application

FOR OFFICE USE ONLY	
City Code# _____	Inspections Y/N Permit# _____
FLU _____	Zoning _____
Annual License Fee: _____	Fee Paid: _____
Filing Date: _____	Review Date: _____
_____ Approved	_____ Conditioned Approval
_____ Denied	
Signature: _____	

NOTE: The City recommends ensuring the proposed use is consistent with the property's Future Land Use (FLU) and Zoning designations in advance. For an official letter of confirmation, please complete the Zoning Verification Letter Request form.

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
E-MAIL: _____	E-MAIL: _____

NOTE: Applicant / agent should be an authorized signer for the business; if not, provide a notarized signature authorization.

BUSINESS INFORMATION

PURPOSE OF APPLICATION: _____	
BUSINESS NAME: _____	
DBA (IF DIFFERENT): _____	
PHYSICAL ADDRESS(ES): _____	MAILING ADDRESS _____
BUSINESS PHONE: _____	E-MAIL: _____
LOCAL CONTACT	FEIN OR SSN: _____
NAME: _____	FL SALES TAX #: _____
NUMBER: _____	
E-MAIL: _____	
TYPE OF BUSINESS: _____	
DESCRIPTION OF ACTIVITIES AT LOCATION: _____	

REQUIRED ATTACHMENTS

LEASE OR PROPERTY OWNER AUTHORIZATION LETTER	APPLICANT'S DRIVER'S LICENSE
PROOF OF REGISTRATION WITH THE STATE (SUNBIZ) / FICTITIOUS NAME CERTIFICATION	APPLICABLE STATE LICENSE (e.g. DBPR)
SITE SKETCH SHOWING PARKING	ATTACHMENT A – EMERGENCY CONTACTS
ATTACHMENT B – ONLY FOR EXEMPTION	ATTACHMENT C – ONLY FOR HOME OCCUPATION

FEES

FEES SET FORTH IN CITY CODE [SECTION 78-34](#) – TAX SCHEDULE

CITY OF GREEN COVE SPRINGS
APPLICATION NUMBER: _____

BUSINESS NAME _____

A completeness review of the application will be conducted within one (1) business day of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge and agree to pay all fees billed to us by the City for this project:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20__, by _____, who is/are _____ personally known to me, or _____ who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____

CITY OF GREEN COVE SPRINGS
APPLICATION NUMBER: _____

BUSINESS NAME _____

ATTACHMENT A - EMERGENCY CONTACTS FOR AFTER HOURS

THIS INFORMATION WILL BE PROVIDED TO THE GREEN COVE SPRINGS POLICE DEPARTMENT IN CASE OF A BURGLARY, FIRE, ET CETERA.

BUSINESS NAME: _____

BUSINESS PHONE NUMBER: _____

BUSINESS PHYSICAL ADDRESS: _____

WEBSITE: _____

CONTACT PERSON 1:

NAME: _____

TITLE: _____

HOME PHONE: _____

CELL PHONE: _____

CONTACT PERSON 2:

NAME: _____

TITLE: _____

HOME PHONE: _____

CELL PHONE: _____

CONTACT PERSON 3:

NAME: _____

TITLE: _____

HOME PHONE: _____

CELL PHONE: _____

ATTACHMENT B – REQUEST FOR FEE EXEMPTION

I, _____, DO HEREBY CERTIFY THAT I OR THE BUSINESS FOR WHICH I AM APPLYING MEETS THE FLORIDA STATUTORY REQUIREMENTS FOR LOCAL BUSINESS TAX EXEMPTION ([205.055 – 205.192](#)) AS INDICATED BY CHECK THE SPECIFIC EXEMPTION BELOW. I ACKNOWLEDGE THAT ANY FRAUDULENT CLAIM(S) MAY RESULT IN REMEDIAL ACTION, UP TO AND INCLUDING PROSECUTION.

	<p>I am an honorably discharged veteran, separated from service, or the spouse / unremarried surviving spouse of such a veteran; the spouse of an active duty military servicemember who has relocated to the county or municipality pursuant to a permanent change of station order; a person who is receiving “public assistance” as defined in 409.2554; a person whose household income is below 130% of the federal poverty level based on the current year’s federal poverty guidelines; 205.055 The business must have less than 100 employees and written documentation in support of your request must be provided.</p>
	<p>I am selling only farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural, or tropical fish farm products, or products manufactured therefrom (<i>not including</i> intoxicating liquors, wine, or beer) when such products were grown or produced by such person in the state. This does not exempt a farmers’ produce market as an entity (the market would need to get a local business tax receipt, but individual tenants would not). 205.064</p>
	<p>I do not have a local permanent business location or branch office AND I am regulated by the Department of Business and Professional Regulation AND I have paid a business tax for the current year to the county or municipality in the state where my permanent business location or branch office is maintained. 205.065</p>
	<p>I am a disabled person incapable of manual labor OR a widow with minor dependents OR a person 65 years of age or older. I do not have more than one employee/helper and use my own capital not in excess of \$1,000 to engage in any business or occupation. I live in Clay County. 205.162 Must provide physician certification of disability (with specification as to the nature and extent) OR appropriate proof of claim for a widow with minor dependents or person 65 years or older. Business tax receipt will state reason exemption is granted.</p>
	<p>The business is a practicing religious organization. 205.191</p>
	<p>The business is a charitable, religious, fraternal, youth, civic, service, or other similar organization that makes occasional sales or engages in fundraising projects that are performed exclusively by the members, and the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization. 205.192</p>

I/We certify under penalty of perjury that the information contained herein is true and correct to the best of my/our knowledge and agree to provide appropriate proof as required by the State:

 Signature of Applicant

 Signature of Co-Applicant

 Typed or printed name and title of applicant

 Typed or printed name of co-applicant

 Date

 Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____, who is/are _____ personally known to me, or _____ who has/have produced _____ as identification.

NOTARY SEAL

 Signature of Notary Public, State of _____

ATTACHMENT C – HOME OCCUPATION ADDENDUM

NOTE: Home occupations are *not* generally permitted by right in residential zoning districts. You may be required to complete a Special Exception application and pay the appropriate fee for such prior to submitting this business tax receipt application. The Special Exception review process can take up to two months. For further guidance or with questions, please e-mail planning@greencovesprings.com.

Acknowledge and initial each of the following statements. Unless otherwise indicated, these statements are pursuant to City Code [Section 117-789](#).

I/We certify that:

- _____ No person other than members of the family residing on the premises shall be engaged in such occupation.
- _____ The use of the dwelling unit for the home occupation is incidental and subordinate to its use for residential purposes.
- _____ The residential character of the structure shall not change.
- _____ 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, other than one sign not exceeding one square foot in area.
- _____ This home occupation does not occupy more than 20 percent of the first-floor area of the residence.
- _____ Traffic volumes generated by the occupation shall not exceed what would be expected in a residential neighborhood.
- _____ There shall be no parking of any trucks, vans, vehicles, motorcycles, and the like in the front yard except on paved areas/surfaces ([Sec. 113-156](#)).
- _____ No equipment, tools, or process shall be used in such a home occupation which creates interference to neighboring properties due to noise, vibration, glare, fumes, odors, or electrical interference. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio, telephone, or television receivers off the premises or causes fluctuations in line voltage off the premises.
- _____ No retail sales shall be made at the home, though fabrication of articles commonly classified under the terms arts and handicrafts may be deemed a home occupation, subject to the other terms and conditions of this definition.
- _____ There will be no outdoor storage of materials.
- _____ This home occupation will adhere to all applicable city, county, and state requirements.

Signature of Applicant

Signature of Co-Applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

State of _____ County of _____

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