

**BUSINESS TAX RECEIPT APPLICATION**  
 City of Dunedin, Florida ♦ Planning & Development Department  
 737 Loudon Avenue ♦ Dunedin, FL 34698 ♦ 727-298-3210 ♦ [www.dunedingov.com](http://www.dunedingov.com)

APPLICANT INFORMATION			
Applicant's Full Name:		Home Address:	
Driver's License No.:		Date of Birth:	Social Security No:
Phone Number:		Email:	
Do you qualify for a fee exemption pursuant to State law? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, complete an APPLICATION FOR LOCAL BUSINESS TAX RECEIPT EXEMPTION and provide proof as required by law.)			

BUSINESS INFORMATION			
Business Name:		Federal ID No.:	
Business Address:		Mailing Address:	
Description of Business:			
Business Type: [Check one] <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Fictitious Name Registration? [Check one] Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide proof of registration as required by F.S. <a href="#">§ 205.023.</a> )			
Total Square Footage ("SF") of Premises / Unit: [Check one] <input type="checkbox"/> <5,000SF <input type="checkbox"/> 5,000-9,999SF <input type="checkbox"/> 10,000SF or more			
Total Number of Workers ("NOW"): [Check one] <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200 or more			
Total Number of Vehicles ("VEH"): [Check one] <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200 or more			
Total Number of Seats ("SEATS"): [Check one] <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201 or more			
Total Amount of Inventory ("INV"): \$_____ (\$3.00 per \$1,000 or fraction thereof)			

**Background Information:** Has the applicant, if an individual, or any of the co-owners, if the applicant is not an individual, been convicted of any felony involving fraud, deceit or offense involving moral turpitude, unless such conviction occurred at least three years prior to the date of the application; or been convicted of any offense involving sexual misconduct with minors, force or violence, keeping or residing in a house of ill fame, solicitation of a lewd or unlawful act, prostitution or pandering, unless such conviction has occurred at least three years prior to the application for a BTR, and the applicant has had no subsequent conviction? **Yes**  **No**  (If you answer "yes" to this question, you must provide an explanation. You must also supply documentation stating the current status of any proceedings.) [Sec. 70-78](#)

**Applicant's Affirmation:** I, the undersigned, do hereby certify that the information given in this application is complete and accurate, and I understand that to make false statements within this application may result in denial of application and possible legal action. If granted a Business Tax Receipt (BTR), I agree to operate within all applicable City and State laws, and to notify the City if any of the information I have given changes. I further understand that no portion of the Business Tax is refundable, and in the event of non-compliance this application and the BTR shall be subject to revocation.

Applicant's Signature	Printed Name	Date
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OFFICE USE ONLY				
BUSINESS TAX RECEIPT INFORMATION	APPROVALS	INITIALS / DATE	FEES	AMOUNT
BTR NO.:	ZONING:		ADMINISTRATIVE FEE:	
CONTROL NO.:	BUILDING:		NUMBER OF WORKERS (NOW):	
RECEIPT NO.:	FIRE:		SQUARE FOOTAGE (SF):	
CLASSIFICATION / CODE:	OTHER:		NUMBER OF VEHICLES (VEH):	
CLASSIFICATION / CODE:			NUMBER OF SEATS (SEATS):	
CLASSIFICATION / CODE:			INVENTORY (INV):	
CLASSIFICATION / CODE:			FLAT BTR FEE(S):	
CLASSIFICATION / CODE:			FIRE INSPECTION FEE:	
CLASSIFICATION / CODE:			PENALTY:	
REMARKS:			MULTIMODAL IMPACT FEE:	
			TOTAL DUE:	

APPLICANT INFORMATION			
Applicant's Name:		Home Address:	
Business Name:		Email:	
Phone Number:			

This affidavit must be completed in conjunction with your Business Tax Receipt Application for a Home Occupation. Please carefully read the following city ordinances with regard to Home Occupations then sign the acknowledgement on page 2. Your signature must be notarized.

**107-22 - HOME OCCUPATIONS**

This section applies to any occupation, profession, or business activity conducted entirely within a dwelling unit and carried on by the occupant. The occupation or profession must be clearly incidental and subordinate to the use of the dwelling unit. The home occupation shall not change the character of the neighborhood dwelling unit. No home occupation may be initiated, established, or maintained in a dwelling unit except in conformance with the regulations and performance standards set forth in this section.

**107-22.1 - Exempt Home Occupations**

The activities listed in subsections (A) through (D), below, are not subject to this section, provided that all persons engaged in such activities reside on the premises:

- A) Artists, sculptors, and composers not selling their artistic product to the public on the premises;
- B) Craft work, such as jewelry-making and pottery, with no sales permitted on the premises;
- C) Home offices with no client visits to the home permitted; and
- D) Telephone answering and message services.

**107-22.2 - Prohibited Home Occupations**

The following uses are not permitted as home occupations in residential zoning districts:

- A) Medical/dental office;
- B) Motor vehicle and engine repair;
- C) Painting of vehicles, trailers or boats;
- D) Furniture refinishing;
- E) Gymnastic facilities;
- F) Recording studios;
- G) Outdoor recreation activities;
- H) Medical/cosmetic facilities for animals, including animal care or boarding facilities;
- I) Machine shop/metal working;
- J) Retail sales; Commercial food preparation;
- K) Contractors shops;
- L) Mortuaries;
- M) Medical procedures;
- N) Body piercing and/or painting, tattoos; or
- O) Any other use not allowed in accordance with the home occupation allowances of this chapter.

**107-22.3 - Conditional Use Permit Home Occupations**

The following uses may be permitted as home occupations in residential zoning districts through a conditional use permit by the board of adjustment and appeal:

- A) Home childcare, six or fewer children;
- B) Hair salon, barbering, hairdressing, and other personal care services;
- C) Massage therapy

**107-22.4 - Performance Standards**

Home occupations shall comply with the performance standards set forth below:

- A) The use shall be clearly incidental and secondary to residential occupancy.
- B) The use shall be conducted entirely within the interior of the dwelling unit.
- C) No person other than a resident of the dwelling unit shall be engaged in the home occupation.

- D) If renter occupied, a signed and notarized affidavit shall be required from the deeded property owner sanctioning tenant home occupation.
- E) Not more than six clients per day or one client at any time are permitted to visit the home occupation. Hours for visits shall be between 8:00 am - 8:00 pm.
- F) Not more than 25% of the gross floor area of the principal dwelling structure shall be utilized for the home occupation.
- G) Music, art, craft, or similar lessons are permitted (12 or fewer clients per day).
- H) Child care (maximum of six or fewer children) is permitted through Conditional Use approval only.
- I) Public facilities and utilities shall be adequate to safely accommodate equipment used for home occupation.
- J) Storage of goods and materials shall be inside and shall not include flammable, combustible, or explosive materials. There shall be no outside storage related to the home occupation.
- K) Parking shall be provided only in the driveway.
- L) No vehicle with a payload rating of more than 1 ton, not exceeding 20 feet in length, and exceeding eight feet in height shall be parked on the site or in front of the site on a regular basis.
- M) The home occupation shall not involve the manufacture or repair of products or equipment such as, but not limited to appliances and furniture.
- N) There shall be no change in the outside appearance of the dwelling or premises or other visible evidence of the conduct of such home occupation.
- O) Home occupation vehicular traffic shall not change the character of the neighborhood.
- P) Electronically amplified sounds shall not be audible from adjacent properties or public streets.
- Q) No equipment or process shall be used in such home occupation which generates dust, odors, noise, vibration, glare, fumes or electrical interference or fluctuation shall be perceptible beyond the property line.
- R) Deliveries and pickups shall be those normally associated with residential services, shall not block traffic circulation, and shall occur only between 8:00 AM and 8:00 PM, Monday through Saturday.
- S) Accessory buildings shall not be used for home occupation purposes.

**107-22.5 - Unsafe Home Occupations**

If any home occupation has become dangerous or unsafe; presents a safety hazard to the public, pedestrians on public sidewalks, or motorists on a public right- of-way; or presents a safety hazard to adjacent or nearby properties, residents, or businesses, the zoning administrator shall issue an order to the dwelling owner and/or tenant on the property on which the home occupation is being undertaken, directing that the home occupation immediately be made safe or be terminated. The property owner and/or tenant shall take the necessary corrective steps or measures but, in the event of a failure to do so by the owner and/or tenant, after notice and a reasonable period of time, the zoning administrator may take any and all available enforcement actions to render the home occupation and dwelling safe. Costs incurred by the zoning administrator, if forced to take enforcement actions, shall be borne by the property owner and shall be treated as a zoning violation.

**ACKNOWLEDGEMENT: By signature below the Applicant does hereby acknowledge that they have read and understand the information contained above and will, at all times, conduct the Home Occupation in compliance with the City of Dunedin's ordinances.**

\_\_\_\_\_  
**Signature** **Printed Name**

Sworn to and subscribed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

- Personally known to me, or
- Produced identification: \_\_\_\_\_

\_\_\_\_\_  
 Notary's Signature  
 (NOTARY STAMP)