

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Marcie Nolan, Acting Development Services Director/954 797-1101

PREPARED BY: Sandy Saikley, Office Supervisor

SUBJECT: Home Business Tax Receipt

AFFECTED DISTRICT: 4

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: Professional Nurses Registry of So. FL Inc., 3400 SW 131 Terrace

REPORT IN BRIEF: Per Land Development Code 12-34 (N) Home occupations (Business Tax) are permitted for telephone and mail communication only and are subject to the regulations contained in the Town Code. In the AG, A-1, and R-1 districts, Town Council approval is required. On 06/05/08 a site inspection was done and the property was found in compliance with no outside storage or signs per Town code.

PREVIOUS ACTIONS: n/a

CONCURRENCES: n/a

FISCAL IMPACT: not applicable

Has request been budgeted? n/a

If yes, expected cost: \$

Account Name:

If no, amount needed: \$

What account will funds be appropriated from:

Additional Comments:

RECOMMENDATION(S): Staff finds this application complete and suitable for transmittal to Town Council.

Attachment(s): Business Tax Receipt application, Home Business Tax Receipt Affidavit, Letter of Intent.



DEVELOPMENT SERVICES DEPARTMENT
BUSINESS TAX RECEIPT DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1112 • FAX: 954.797.1204 • WWW.DAVIE-FL.GOV

HOME BUSINESS TAX RECEIPT APPLICATION

APPLICANTS: COMPLETE BOTH SIDE OF APPLICATION

BUSINESS NAME: Professional Nurses Registry of So. Fl. Inc.

CORPORATION NAME: " "

BUSINESS ADDRESS: 3400 SW 131 Terrace ZIP: 33330

BUSINESS MAILING: " " ZIP: _____

BUSINESS PHONE: 954 327-0500 CELL: 954 830-7161

DESCRIBE TYPE OF BUSINESS: Nursing - S

BUSINESS IS: CORPORATION SOLE PROPRIETOR _____ PARTNERSHIP _____ LLC _____

OWNER/OFFICER (S) HOME ADDRESS CITY/ZIP PHONE

1. ELISSA DeLotta: 3400 SW 131 Terrace Davie 954 916-0504

2. _____

FEDERAL ID NUMBER _____ OR SOCIAL SECURITY _____

I understand this is an application for a Business Tax Receipt in the Town of Davie. Until I have received the Business Tax Receipt, I will not conduct any business at this location. The Business Tax, upon receipt, is valid until September 30, 08 and must be renewed before each October 1st. ED
Initial

This application for Business Tax Receipt allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

ELISSA DeLotta RN
Print owner or officer's name and title

Elissa DeLotta RN
Signature of owner or officer

OFFICE USE ONLY:			
Date	Category	Fee	Exempt per Sec 13-3
<u>6/4/08</u>	<u>07700</u>	<u>8.93</u>	_____
New	Transfer	Name	Address
_____	<input checked="" type="checkbox"/>	_____	_____
Tax Number	Control Number	Location ID Number	
<u>08 29510</u>	<u>20444</u>	<u>10238</u>	
Folio	Zoning		
<u>5040-23-03-0020</u>	<u>R-1</u>		
Council Approval Required	Yes	No	Zoning Approval
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>OK</u>
Town Council Date	Approved	Denied	Date
_____	_____	_____	<u>5 June 08</u>
_____	_____	_____	Tabled

HOME BUSINESS TAX RECEIPT APPLICATION

SECTION 12-34 (N)-DEFINITION:

Home Business Tax Receipt shall mean any use conducted entirely within a dwelling and carried on by persons residing in the dwelling unit, which is clearly incidental and secondary to the use of the dwelling for residential purposes and does not change the character thereof and in connection with which there is no display or stock in trade. The Home Business Tax Receipt shall involve phone and mail use only and shall not involve the use of any accessory building or yard space or activity outside of the main building not normally associated with residential use.

SECTION 13-23 - LOCATION OF BUSINESS TAX RECEIPT; ZONING REGULATION

(a) Each application for the Business Tax Receipt shall definitely state and set out the exact location at which business shall be operated. Before issuance of a Business Tax Receipt, verification of applicable zoning will be made. If the applicable zoning regulations do not permit the practice of such business, occupation or profession, the Business Tax Receipt will be denied. All Business Tax Receipts granted by council action by special exception, variance or by vested rights for nonconforming use, shall be so stated on the face of the license.

(b) Notwithstanding any provision to the contrary herein contained, certain businesses, professions or occupations may be conducted within a residentially zoned area (not to include R-1 or A-1, which require council approval) on a restricted basis for which a restricted Business Tax Receipt may be issued by the town. The owner of such business will secure a restricted Business Tax Receipt from the town subject to the provisions and limitations contained herein.

(c) Any person engaged in a personal profession or occupation which requires the use of his own personal residence may apply for a restricted Business Tax Receipt. Such application may list his home address as the place of business for the purpose of complying with the following conditions.

(1) No sign of any type may be posted or displayed on the premises which might serve to indicate that the premises are being used as a restricted home business use, except as required in accordance with all governmental bodies. No vehicles with any signs painted on them, which might serve to indicate that the premises are being used for restricted Business Tax Receipt use, shall be parked within the view of public right-of-way.

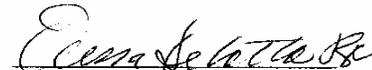
(2) The applicant shall not use the premises or any improvements thereon for the creation, storage, distribution, repair or sale of any of any merchandise or goods which would be visible from any location off the premises.

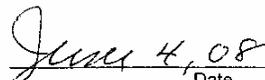
(3) No noise, odors, smoke or nuisance of any type shall arise from the conduct of the business here permitted or authorized.

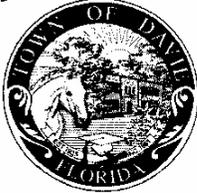
(4) The applicant shall not cause or permit in connection with the business authorized herein any traffic that shall interfere or disrupt the flow for street use in the neighborhood.

(5) Any restricted Business Tax Receipt issued pursuant hereto may be revoked by the town council at any time upon notice and hearing for the violation of any provisions herein contained or for the violation of any ordinance of the town or law of the state pertaining to regulating or tax such business or for any other good and sufficient reason; provided, however, that this provision shall not effect the power of the court to revoke certain tax receipt where such revocation specifically provided for by ordinance. (Code 1964 8-6)

I understand the description of Home Business Tax Receipt as stated in Section 13-23, regarding Home Business Tax Receipt and the definition (12-34 N)


Applicant's Signature


Date



DEVELOPMENT SERVICES DEPARTMENT
BUSINESS TAX RECEIPT DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1112 • FAX: 954.797.1204 • WWW.DAVIE-FL.GOV

HOME BUSINESS TAX RECEIPT AFFIDAVIT

Town of Davie, Planning & Zoning, & Business Tax Division,
6591 Orange Drive, Davie, FL 33314

I understand that this is an application for a home business tax receipt in the Town of Davie and I may not conduct any business at this location until I have received the tax receipt document. I further understand that this business tax receipt upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

I understand that as long as I conduct business in the Town of Davie I must keep an active business tax receipt.

This application for home business tax receipt allows mail and telephone use only, no signs or storage, or on-site employees or clients are permitted.

All contractors must provide a copy of a lease at an alternate site for storage of equipment.

I ELISSA DeLOTTA RN certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith.

Print Owner or Officer's Name and Title ELISSA DeLOTTA RN.

Signature of owner or officer: Elissa DeLotta RN Date: 6/04/08

The foregoing was acknowledged before me this 4 day of JUNE 2008
By, ELISSA DeLOTTA RN Who is personally known to me or who has produced

DLH241-204-38-943-0, as identification and whom did/did not take an oath

NOTARY PUBLIC Sandra Sawyer

COMMISSION EXPIRES: _____

A FALSE STATEMENT ON ANY PART OF BUSINESS TAX RECEIPT MAY BE GROUND FOR REVOKING SAID DOCUMENT OR SUSPENDING THE RECEIPT AFTER IT HAS BEEN ISSUED.

JS Residency verified

June 04, 2008

To whom it may concern
I will use my home for
phone & mail only.

Professional Nurses Registry
of So. Fl.

Elissa DeBette RN