

**TOWN OF DAVIE  
TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Marcie Nolan, Acting Development Services Director, 954 797-1103

**PREPARED BY:** Sandy Saikley, Office Supervisor

**SUBJECT:** Home Business Tax Receipt

**AFFECTED DISTRICT:** 3

**ITEM REQUEST:** **Schedule for Council Meeting**

**TITLE OF AGENDA ITEM:** The Landscape Center

**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.

**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):**



DEVELOPMENT SERVICES DEPARTMENT  
 BUSINESS TAX RECEIPT DIVISION  
 6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399  
 PHONE: 954.797.1112 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

## HOME BUSINESS TAX RECEIPT APPLICATION

APPLICANTS: COMPLETE BOTH SIDE OF APPLICATION

BUSINESS NAME: ALL FLORIDA HOME SERVICES, INC / dba The Landscapes Center

BUSINESS ADDRESS: 2601 SW. 110 way Davie, FL ZIP: 33328

BUSINESS MAILING: same ZIP: \_\_\_\_\_

BUSINESS PHONE: 954 473-1675 CELL: 954 401 1809

DESCRIBE TYPE OF BUSINESS: Lawn Service

BUSINESS IS: CORPORATION  SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_

| OWNER/OFFICER (S)    | HOME ADDRESS           | CITY/ZIP           | PHONE              |
|----------------------|------------------------|--------------------|--------------------|
| 1. <u>Mark Flynt</u> | <u>2601 SW 110 way</u> | <u>DAVIE 33328</u> | <u>954 473-167</u> |
| 2. _____             | _____                  | _____              | _____              |

FEDERAL ID NUMBER \_\_\_\_\_ OR SOCIAL SECURIT \_\_\_\_\_

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, \_\_\_ and must be renewed before each October 1<sup>st</sup>.

Initial

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

MARK FLYNT president  
 Print owner or officer's name and title

[Signature]  
 Signature of owner or officer

|   |                             |                                    |                           |
|---|-----------------------------|------------------------------------|---------------------------|
| <b>OFFICE USE ONLY:</b>                                       |                             |                                    |                           |
| Date <u>11/21/07</u>  | Category <u>08600</u>       | Fee <u>51.05</u>                   | Exempt _____ per Sec 13-3 |
| New <input checked="" type="checkbox"/>                       | Transfer _____              | Name _____                         | Address _____             |
| Tax Number <u>0828203</u>                                     | Control Number <u>20011</u> | Owner _____                        | Transferred from _____    |
| Folio <u>50-41-19-03-0490</u>                                 | Zoning <u>R-1</u>           | Location ID Number _____           |                           |
| Council Approval Required <input checked="" type="checkbox"/> | Yes _____ No _____          | Zoning Approval <u>[Signature]</u> | Date <u>5 Nov 07</u>      |
| Town Council Date _____                                       | Approved _____              | Denied _____                       | 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.

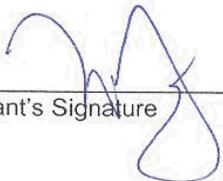
(2) The applicant shall not use the premises or any improvements thereon for the creation, storage, distribution, repair or sale of any of any merchandise or goods which would be visible from any location off the premises.

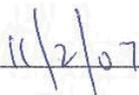
(3) No noise, odors, smoke or nuisance of any type shall arise from the conduct of the business here permitted or authorized.

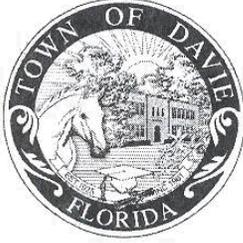
(4) The applicant shall not cause or permit in connection with the business authorized herein any traffic that shall interfere or disrupt the flow for street use in the neighborhood.

(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, 2008, and must be renewed before October 1<sup>st</sup>.

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 Mark Flynt certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith.

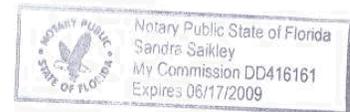
Print Owner or Officer's Name and Title Mark Flynt President

Signature of owner or officer: [Signature] Date: 11/2/07

The foregoing was acknowledged before me this 2 day of NOVEMBER 2007  
By, MARK FLYNT Who is personally known to me or who has produced

DLF453-559-55298-0, as identification and whom did/did not take an oath

NOTARY PUBLIC Sandra Saikley  
COMMISSION EXPIRES: \_\_\_\_\_



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

SS Residency verified

11/2/07  
Town of Davie  
Occupational Licensing

I am requesting an occupational license for mail & phone purposes only for  
**All Florida Home Services, Inc, dba The Landscape Center,**  
a lawn service and landscaping company.

Thank you,

A handwritten signature in black ink, appearing to read 'Mark Flynt', with a stylized flourish at the end.

Mark Flynt  
2601 S.W. 110 Way  
Davie, Fl 33328