



TOWN OF DAVIE
BUSINESS TAX RECEIPTS

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1212 EMAIL: BTR@davie-fl.gov

HOME OCCUPATIONS

APPLICATION CHECKLIST

BUSINESS TAX RECEIPT/CERTIFICATE OF USE

✓	Document	Required For:
	Completed application with all required attachments, signed and dated by the applicant.	All applications.
	Copy of the detail sheet from the State Division of Corporations, indicating corporate officers (see sunbiz.org).	All applications for businesses required to file corporate articles with the State.
	Copy of the detail sheet for any related fictitious name (see sunbiz.org).	Corporations utilizing a fictitious name.
	Proof of residency, such as a copy of driver's license or a copy of a current utility bill at the home address.	All applications.
	Copy of state license (myfloridalicense.com).	Any business, occupation or profession requiring a state license.
	Bill of sale.	Applications involving only a change of ownership.
	Letter describing the type of business, signed and dated by the applicant.	All applications.

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TOWN OF DAVIE
BUSINESS TAX RECEIPT

6591 ORANGE DRIVE, DAVIE, FLORIDA 33314-3399
PHONE: 954-797-1212 EMAIL: BTR@DAVIE-FL.GOV

BUSINESS TAX RECEIPT/CERTIFICATE OF USE APPLICATION

HOME OCCUPATION

BUSINESS NAME: _____

CORPORATION NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

BUSINESS IS: Corporation Sole Proprietor Partnership LLC

FEDERAL ID NUMBER _____ OR SOCIAL SECURITY NUMBER

RESTRICTIONS ON HOME OCCUPATIONS: *In addition to other applicable Town regulations, home occupations require Town approval and must comply with the following provisions of Sec. 12-34(N) of the Town Code:*

- *The home occupation shall be conducted entirely within a residential building.*
- *Cottage food businesses are allowed in accordance with F.S. § 500.80, except that the home shall not be used for retail.*
- *No signs identifying the home occupation shall be posted or displayed on the premises, except as may be required by federal, state and/or local governments.*
- *No vehicles with any signs indicating that the premises are being used for a business shall be parked within view of the public right-of-way.*
- *No manufacturing, distribution or repair of any merchandise or goods shall occur on the premises.*
- *No noise, odors, smoke or nuisance of any type shall arise from the home occupation.*
- *No traffic shall be generated by the home occupation that disrupts the flow for street use in the neighborhood.*
- *The home occupation shall not be located within any accessory building or outside areas.*
- *The home occupation shall not involve sales or service involving patrons visiting the home.*
- *The home occupation shall not involve more than twenty-five (25) percent of the habitable floor area of the home.*
- *The town shall have the right to inspect the home occupation at reasonable times.*
- *Town Council approval is required in certain circumstances when located in the R-1, A-1 or AG zoning district.*

By signing this application, I acknowledge the above restrictions and limitations on operation of a home occupation within the Town. I further understand that, once issued, the Business Tax Receipt, will be valid only until September 30, regardless of the application date, and must be renewed by payment of the annual business tax by September 30 of each subsequent year unless written notice is provided to the Business Tax Receipt Office stating that the business has discontinued.

PRINT NAME OF OWNER/OFFICER	SIGNATURE OF OWNER/OFFICER	DATE

ROUTING AND DETERMINATIONS ***Town Use Only*******

Business Name:		App. Date:	
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Type:	<input type="checkbox"/> Full year <input type="checkbox"/> Partial year	<input type="checkbox"/> Transfer of ownership from:
		<input type="checkbox"/> Transfer of location from:

BUSINESS TAX & FEES			
BTR Category and License No.	Tax	Fee Category	Fee
1.	\$	Transfer	\$
2.	\$	Late	\$
3.	\$	Double	\$
4.	\$	Other	\$
<input type="checkbox"/> Tax Exempt per Sec. 13-31	TOTAL TAX	\$	TOTAL FEES
			\$
COMMENTS:			

ZONING REVIEW	APPROVED	DATE	DENIED	DATE
TOWN COUNCIL REVIEW REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES				

TOWN COUNCIL REVIEW	APPROVED	DATE	DENIED	DATE