



**CITY OF SOUTH DAYTONA**  
**Community Development Department**

**Home-based Business Tax Receipt Checklist**

Pursuant to [Chapter 16, Article II](#) of the Code of Ordinances

The following requirements must be followed to obtain a home-based Business Tax Receipt with the City of South Daytona. These requirements may vary depending upon the type of business, location, state regulations, etc.

**For submittal:**

- Complete two-page application, including but not limited to:
  - Detailed description of business activities
  - Applicable business details
  - Notarized applicant signature
- A copy of the owner/manager's Florida state issued photo ID.
- A copy of the Fictitious Name, LLC, or Articles of Incorporation filing accepted by the [Division of Corporations \(sunbiz.org\)](#).
  - Note: A Fictitious Name is required when a business is not working under their incorporated name, and/or when a business is not the owner's full name exclusively (Ex: John Smith's Lawn Care requires a registered Fictitious Name).
- Copies of certifications and/or special licenses if required for the business, such as:
  - Contractors
  - Insurance agencies
- A Notarized Authorization of Owner form (if not the property owner)

Once the application has gone through review, the applicant will be notified of corrections, approval, or denial.

**Upon notification of approval**, the BTR may be issued once the following items have been completed:

- Payment of fees

**Note:** *The checklist is a guide for your convenience; however, additional items may be required to process your application. If you require additional information, please call our office at 386-322-3020. Incomplete applications cannot be processed.*



**CITY OF SOUTH DAYTONA**  
**Community Development Department**  
**Notarized Authorization of Property Owner**  
 For Commercial and Home-based Business Tax Receipts

**Note:** Agents acting on behalf of the property owner must provide proof of agent authorization.

To whom it may concern:

I, \_\_\_\_\_, do hereby authorize my tenant,  
 (Owner/Authorized Agent)

\_\_\_\_\_, to obtain a Business Tax Receipt  
 (Name of Tenant)

for \_\_\_\_\_ to be located at  
 (Business Name)

\_\_\_\_\_.  
 (Street Address)

I further authorize \_\_\_\_\_ and/or their representative to  
 (Name of Tenant)

grant approval to regulatory agencies or others as required to access and inspect the

above referenced property to secure required approvals.

\_\_\_\_\_  
 Signature of Property Owner/Authorized Agent

\_\_\_\_\_  
 Date

STATE OF FLORIDA  
 COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of  physical presence or  
 online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
 \_\_\_\_\_, who is personally known to me or who has produced  
 \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
 Notary Public Signature

Notary Stamp



**CITY OF SOUTH DAYTONA**  
**Community Development Department**

**Home-based Business Tax Receipt Application**

Pursuant to Article II, [Section 16-19.14](#) of the Code of Ordinances

Zoning: _____	BTR Account ID#: _____
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- New Business   
  Transfer of Location (w/i South Daytona)  
 Business Name Change    Former Name: \_\_\_\_\_

**Note:** Only complete applications will be processed.

<b>BUSINESS INFORMATION</b>			
Business/Organization Name			
Business Address			
Mailing Address			
Business Phone			
Business E-mail			
<b>BUSINESS OWNER INFORMATION</b>			
Owner or Corporation Name			
Home/Corporate Address			
Phone		E-mail	
FEIN or Social Security Number (Required per FL Statute 205.0535)			
Driver's License Number		State	
<b>PROPERTY OWNER (if not applicant)</b>			
Name			
Address			
Phone		E-mail	
Notarized Authorization of Owner attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Copy of full lease agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>BUSINESS DETAIL</b>			
Type of Business			
Detailed Description of Business Activity			
Office use only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Outside storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Customers on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Inventory Value	\$ _____	Contractor License #	_____

I understand that this business tax is for the privilege of engaging in the business, profession, or occupation shown and only at the address shown herein. I also understand that the issuance of this business tax does not permit engaging in or managing any business in violation of federal, state, or local law, regulation, ordinance, or order. A Business Tax Receipt may not be used or presented as a license to perform any service or work. Initial: \_\_\_\_\_

I understand home occupations are permitted as an accessory use to a dwelling unit in any district where residential uses are permitted subject to certain restrictions. Home occupations are limited to professional, vocational, business, trade, and personal services that do not involve clients, customers, or non-resident employees visiting the premises. I understand that **no customers shall visit** the address that has been listed above for the business. I understand that there shall be **no outside storage** allowed and that this home-based Business Tax Receipt is for office use only. Initial: \_\_\_\_\_

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any Business Tax Receipt issued to me. It is further understood that I must comply with the code of the City of South Daytona and failure to correct conditions which are in violation is punished under the code or sufficient cause for revocation of my Business Tax Receipt. I understand that if I engage in a business under a fictitious name, I must comply with the fictitious name statute.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
Notary Public Signature Notary Stamp

• Office Use Only •

_____ Police	_____ Utility Billing	_____ Community Development
_____ Finance	_____ Code	
___ Copy of driver's license	___ Owner Authorization	___ Fictitious Name/LLC/Inc.
___ Property Appraiser	___ Application complete	___ State license/certificates
BTR fee code: _____		Balance due: _____
<input type="checkbox"/> Notified of issuance/balance due: _____		<input type="checkbox"/> Fee balance paid on: _____
Customer ID # _____	<input type="checkbox"/> AR Generated	Bill # _____



**CITY OF SOUTH DAYTONA**  
**Community Development Department**  
**Business Resources**

**Volusia County Business Tax Receipts**

[www.volusia.org/revenue/btrinfo.htm](http://www.volusia.org/revenue/btrinfo.htm)

Daytona Office: (386) 254-4635

New Smyrna Beach Office: (386) 423-3325

**Florida Division of Corporations – Fictitious Name, LLC, Incorporation**

[www.sunbiz.org](http://www.sunbiz.org)

(850) 245-6000

**Florida Department of Business and Professional Regulations (DBPR) – State Licensing**

[www.myfloridalecense.com](http://www.myfloridalecense.com)

(850) 487-1395

**Florida Department of Revenue – Florida Sales Tax**

<https://floridarevenue.com/taxes>

(800) 352-3671

**Internal Revenue Service – Federal Employee Identification Number (FEIN)**

[www.irs.gov](http://www.irs.gov)

(800) 829-4933

**Florida Department of Agriculture and Consumer Services – State Licensing/Permits**

[www.freshfromflorida.com](http://www.freshfromflorida.com)

(800) 435-7352

**Division of Plant Industry – Nursery Registration**

[www.freshfromflorida.com/divisions-offices/plant-industry](http://www.freshfromflorida.com/divisions-offices/plant-industry)

(352) 359-4700

**Florida Department of Financial Services – State Licensing, Worker’s Compensation**

[www.myfloridacfo.com/division/agents/licensure](http://www.myfloridacfo.com/division/agents/licensure)

(850) 413-3137

**Division of Alcoholic Beverages & Tobacco**

[www.myfloridalicense.com/dbpr/alcoholic-beverages-and-tobacco/](http://www.myfloridalicense.com/dbpr/alcoholic-beverages-and-tobacco/)

(850) 487-1395

**Port Orange/South Daytona Chamber of Commerce**

[www.pschamber.com](http://www.pschamber.com)

(386) 761-1601

**Small Business Development Center**

[www.sbdcdaytona.com](http://www.sbdcdaytona.com)

(386) 506-4723

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