

**CITY OF HOLLYWOOD, FLORIDA
TREASURY SERVICES DIVISION
LOCAL BUSINESS TAX RECEIPT
APPLICATION FOR HOME-BASED BUSINESS**

Please call Customer Service at (954) 921-3225, if there are questions

CHECKLIST OF REQUIREMENTS:

- 1) Completion of application.
- 2) Payment of a \$25 non-refundable application processing fee in addition to the local business tax receipt fee (will be determined when the application is submitted and reviewed).
- 3) If owner of the residence, proof of ownership of property – i.e. copy of your property tax bill. If renting the residence, please provide a copy of the lease.
- 4) Copy of professional, County, State, or Federal License where applicable (for the City's files)
- 5) Copy of a Fictitious Name Registration and/or Articles of Incorporation, if a corporation/LLC (web site www.sunbiz.org). Fictitious name registration is required if using a DBA.
- 6) If you apply for your Local Business Tax Receipt on or after April 1 of the local business tax year, you are required to pay only 50% of the annual amount that would normally be due. The business tax year coincides with the City's Fiscal Year which runs from October 1st to September 30th of the following year.

CHAPTER 110.21 OF THE MUNICIPAL CODE OF ORDINANCES REGARDING HOME-BASED BUSINESSES

Any person engaged in a personal profession or occupation which requires the use of his/her personal residence and which does not involve the manufacturing, storing, distribution or repair of any merchandise in the home or on the premises may apply for a home-based local business tax receipt. Such home-based profession or occupation shall not be detectable in any way from the outside of the home nor change the residential nature of the community. Such applicant shall list his/her home address as the place of business on the local business tax receipt application form, and shall comply with the following conditions:

(A) The applicant shall not use the premises for the manufacturing, storing, distribution, or repair of any merchandise;

(B) No current or prospective client or customer of the business shall be allowed on the home premises;

(C) The local business tax receipt holder may not use the address of the home premises for purposes of advertising, soliciting or announcing the taxed use of the premises through printed material or any other media. The local business tax receipt holder may include the address and phone numbers on invoice, business cards and the letterhead of the business;

(D) No more than one non-resident employee of any type including contracted or subcontracted help shall be permitted on the premises at any time in connection with the authorized use for which the local business tax receipt is issued; and

(E) 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 home-based business and no vehicle with any signs painted on it, which might serve to indicate that the premises are being used as a home-based business, shall be parked on the premises except that such vehicle may be parked within a closed garage in a manner which makes it impossible to be seen from a public right-of-way.

CITY OF HOLLYWOOD, FLORIDA HOME-BASED LOCAL BUSINESS TAX APPLICATION

PART 1: TO BE COMPLETED BY APPLICANT (Please answer all questions completely and clearly)

A) LEGAL FORM OF YOUR BUSINESS:

_____ Sole Proprietorship _____ Partnership _____ Corporation (A copy of your article of incorporation is **required**)

B) ABOUT YOUR BUSINESS:

- 1) Name: _____
- 2) D/B/A: _____ (Copy of fictitious name certificate **required by State law**)
- 3) Business Location in Hollywood: _____ Zip Code: _____
- 4) Mailing Address: (If different) _____ City/State/zip: _____
- 5) Phone Number: _____ Cell: _____ E-mail: _____
- 6) **Required By State Law:** EIN/TIN or Social Security Number: _____
- 7) **Owner or Local Officer:** (Note: Sole Proprietors/Partnerships/Corporations - Please list only one owner or local officer below.)
Name: _____
Home Phone #: _____ Fax: _____ Cell/Beeper #: _____
Home Address: _____ City/State/Zip: _____
Drivers License #: _____ State: _____
- 8) Do you own or rent the property where the business is located? ___ Own ___ Rent (If renting, please provide a copy of the lease.)
- 9) Describe the nature of your business in detail. What services or products will you sell or provide? _____
- 10) **Does or will your proposed business sell, rent or involve in any way, adult materials?** _____ No _____ Yes
- 11) You are required to provide a copy of your current State professional license, State registration, or County certification(s), where applicable please provide a copy.
- 12) Number of employees including owner: _____
- 13) Business website: _____

C) PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW: I affirm that all information that I have provided is true and correct. I further acknowledge that I will be subject to pay all penalties prescribed by law for providing any false information to the City. I understand that the City will issue this local business tax receipt only after proper review of my application and any investigation deemed necessary, and only after payment of the appropriate local business tax receipt fee. I also understand that issuance of a local business tax receipt does not release me from responsibility for making any other improvements that may be required in conjunction with any City, County, State or Federal laws applicable to my business or premises.

I hereby acknowledge that issuance of a local business tax receipt does not legalize any improper existing or proposed non-conforming uses of the location, nor does it legalize the nature of the business being conducted if contrary to any local, State or Federal laws. I hereby state that the business which this local business tax receipt is applied for, if it in any way sells or provides adult-oriented materials or services, has complied in every respect with Chapter 11 of the City's Code of Ordinances which I have obtained and read. I have read the Municipal Code requirements for home-based businesses and agree to comply with them. **I also understand the \$25 application fee is non-refundable.**

Authorized Signature: _____ Title: _____ Date: _____

PART 11: TO BE COMPLETED BY THE LOCAL BUSINESS TAX RECEIPT OFFICE

Application Received By: _____ Date: _____ Fee Charged: _____

**CITY OF HOLLYWOOD, FLORIDA
LOCAL BUSINESS TAX RECEIPT
FEE DETERMINATION FORM**

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NAME OF BUSINESS: _____
BUSINESS ADDRESS: _____
EXACT DESCRIPTION OF BUSINESS (Please be specific as to the products, goods or services to be sold):

I certify that the information provided below is true and correct to the best of my knowledge:

AUTHORIZED SIGNER: _____ TITLE: _____

Principal Business (Check **only one** category below and complete the questions)

Which one of the following categories best describes your principal business -- the work or service provided that generated the greatest portion of your sales or revenues in your previous fiscal year:

_____ **1. Service/Professional**

Includes home office for professionals practicing accounting, auditing, medicine, law etc. A separate local business tax receipt for each person engaged in the practice of such profession is required.

How many workers do you have: _____

_____ **2. Service/Licensed Business**

Provides a service which requires licensure or certification by the Federal, State or County government(s) showing that the person(s) or business providing the service has acquired the expertise, skill or qualifications necessary.

How many workers do you have: _____

Do you provide auto body repair? _____ yes _____ no Do you paint vehicles? _____ yes _____ no

Do you have any spray paint booths? _____ yes _____ no

_____ **3. Service/Other Business**

Provides a service which is not professional in nature or that does not require Federal, State or County licensure showing that the person or business is qualified to provide such service.

How many workers do you have: _____

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Office Use Only:

CITY OF HOLLYWOOD LOCAL BUSINESS TAX ACCOUNT/REGISTRATION #: _____

Business Category: _____

Local Business tax amount: Annual: \$ _____ Half Year: \$ _____

Approved By: _____ Date: _____