



Home-Based Business Tax Application

This application can be submitted in person or mailed to 9500 W Sample Road, Coral Springs, Florida 33065 or by email to csbusinesstax@coralsprings.gov. Home-based business tax applications will be reviewed by the Coral Springs Zoning Division and the Police Department. Please be advised that many subdivisions in the City have deed restrictions relating to the conduct of a business in a residential area. Please contact your homeowner's association if you have questions.

Business Information

_____ Fictitious name _____
Business name _____ **Corporation/LLC name (if different)** _____

Type of business entity/structure Corporation LLC Sole proprietorship Partnership

Location: Street Address _____ Coral Springs, Florida **Zip Code** _____

Estimated opening date: _____ **Hours of operation:** _____

Number of employees at this location Full Time: _____ Part Time: _____ **NAICS Code:** _____

Optional information: Minority Owned Woman Owned Veteran Owned

Is the business for office use only? Yes No

Describe the type of business*

*Failure to provide accurate information could result in revocation of your business tax receipt. Failure to comply with City Codes will result in revocation of tax receipt.

Federal Tax ID Number: _____

Mailing Address:

Street Address _____ City _____ State: ___ Zip Code: _____

Phone: _____ **Contact Email:** _____ **Website:** _____

Owner, Applicant, and Responsible Party Information

Applicant name (if not business owner) Business owner name Business owner email

Street Address: _____ City: _____ State: ___ Zip Code: _____

Designated contact (if different from the applicant or owner)

Name: _____ Phone: _____ Email: _____

Attachments Required (if applicable)

- Articles of incorporation, LLC and or fictitious name
- Personal professional license, state or county
- Business state registration certificate
- Broward County competency certificate
- Business state, county or federal licenses
- Health department, state or county licenses
- Current storage agreement for materials and inventory, only applies to home-based business

Home Based Business Affidavit

I _____ agree to comply with the Home Occupation requirements set in section 1028, Chapter 10 of the Coral Springs, Land Development Code.

1. No person other than individuals residing in the dwelling unit shall be engaged in home occupation.
2. There shall be no display of goods, machinery, equipment nor any performance of work visible or audible from any street or adjoining property. There shall be no retail sales, repair, manufacturing or the storage of merchandise on the premises. This includes hazardous materials.
3. No equipment or process shall be used in any home occupation which creates noise, vibration, glare, fumes, odors, or electrical interference detectible to the normal senses off the premises.
4. No home occupation shall generate or attract unsafe, excessive or hazardous vehicular or pedestrian traffic to the dwelling unit.
5. No home occupation shall be conducted in any accessory building.
6. No home occupation shall occupy more than twenty-five (25) percent of the total floor area of a dwelling unit exclusive of any open porch, attached garage, or similar space not intended to be occupied as living quarters.
7. The applicant may use his home address only for receiving mail and not for any advertising purposes.
8. No employees or independent contractors of any type shall be permitted at the dwelling unit at any time in connection with the home occupation.
9. Consultation with one (1) individual at a time or the giving of individual instruction to one (1) person at a time shall be deemed a home occupation. Group consultation or the giving of group instruction of any type shall be considered to be a business enterprise not eligible for consideration as a home occupation.

10. I acknowledge that if I am found in violation of Chapter 10 of the Land Development Code of the City of Coral Springs, relating to tax receipts, that my tax receipt may be revoked.

11. I acknowledge that I cannot store at my residence any materials, supplies or equipment, except telephones, computers, and other office materials required for my business or home occupation. Any required inventory is located at the following address and permitted within the applicable zoning district.

Storage Location (if applicable): _____

Printed Name of Applicant

Applicant Signature/Date

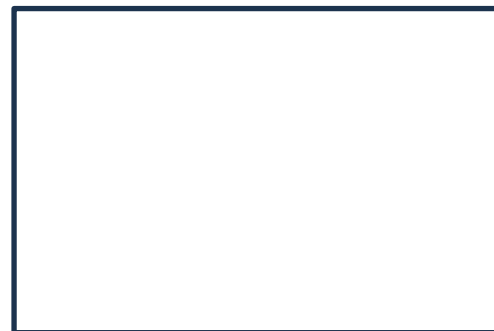
State: _____

County: _____

The foregoing instrument was acknowledged before me on _____

by means of: physical presence online notarization personally known

Produced identification ID type: _____



Notary signature/date

My commission expires

Notary Seal