



**PATSY HEFFNER, CFC**  
**Osceola County Tax Collector**  
2501 E. Irlo Bronson Memorial Hwy, PO Box 422105  
Kissimmee, Florida 34742-2105  
Phone(407)742-4000 Fax (407)742-4009  
[www.osceolataxcollector.org](http://www.osceolataxcollector.org)

OFFICIAL USE ONLY

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| Account #      |  |

**APPLICATION FOR OSCEOLA COUNTY LOCAL BUSINESS TAX RECEIPT**

(formerly known as Occupational License)

(Please Print)

**IF YOUR BUSINESS IS LOCATED WITHIN UNINCORPORATED OSCEOLA COUNTY ZONING DEPARTMENT, APPROVAL WILL BE REQUIRED IN ORDER TO ISSUE THIS BUSINESS TAX RECEIPT.**

Osceola County Ordinance 95-10, Section 1 states, "No person shall engage in or manage any business, profession or occupation within Osceola County..." unless exempt by county, state or federal law. Failure to comply with Osceola County Ordinance 95-10 may subject your business to additional costs including but not limited to court costs, attorney fees, administrative costs and penalties up to two hundred and fifty dollars (\$250) per day.

**1. Business Name:**

- A. List the name of the business: \_\_\_\_\_
- B. If applicant is not using their legal name in the Business Name, please check one of the following:
- List the Fictitious/Corporation name number of the business as provided by the FL Dept. of State: \_\_\_\_\_
- I WILL NOT engage in business until fictitious name/corporation registration number is received from Florida Department of State.

**2. Business Location: Enter physical location of business (If this is a residential home and you rent or lease, a completed, "Property Owner Affidavit" is required and can be obtained from our website or any of our office locations)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**3. Location Boundary: Check only one**  In Osceola County **and** limits of city listed in Section 2  In Osceola County  Outside Osceola County

**Parcel ID Number:** (provided by the Tax Collectors office) \_\_\_\_\_

**\*\*ANSWER THE FOLLOWING IF A RESIDENTIAL ADDRESS IS USED FOR THE BUSINESS\*\***

- Are materials, supplies, or equipment stored on the property? \_\_\_\_\_ Does anyone, other than the occupant(s) work there? \_\_\_\_\_
- Do customers physically go to the address? \_\_\_\_\_ Is there a sign located on the property? \_\_\_\_\_
- Did you obtain Home Occupational approval from the BOA? \_\_\_\_\_ If "yes" what is the BOA number? \_\_\_\_\_

**4. Name of Applicant (Owner or Principal): Enter the applicant's legal name(s) & Corporation name(if applicable) below**

First \_\_\_\_\_ M. \_\_\_\_\_ Last \_\_\_\_\_ Sur. \_\_\_\_\_

First \_\_\_\_\_ M. \_\_\_\_\_ Last \_\_\_\_\_ Sur. \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**5. Mailing Address: Enter mailing address if different from physical location in Item 2 (Business Location)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6. Social Security Number/Federal Tax ID Number:** \_\_\_\_\_

Note: Sole Proprietors enter Social Security Numbers. Other Business Entities enter Federal Tax ID Number

**(The Osceola County Tax Collector is required to collect Social Security numbers for the purposes of identification, and to fulfill reporting requirements in all phases of Statutory, Administrative, and Local Government Ordinance requirements.)**

**7.**

**E-Mail Address:** \_\_\_\_\_ **Bus. Website Address:** \_\_\_\_\_

**8. Type of Business: (Please be very specific)** If the type of business you are engaging in is State Regulated, a copy of the corresponding state license, registration or certification **is required to be attached** to this application. (i.e. General Contractors, Restaurants, Auto Repair, etc.)

**Estimated Original Cost of the Equipment to be used in the Business \$** \_\_\_\_\_

List State License, Registration or Certification Number(s): \_\_\_\_\_

**9. Affidavit: Carefully review and sign the following affidavit**

(1) I, the undersigned, swear this application (including addendum and all other attachments) is true and correct. (2) I acknowledge and understand that a local county business tax receipt (previously referred to as an occupational license) is issued pursuant to this application is for the privilege of doing business in Osceola County and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation for which this application is being made. (3) I specifically acknowledge that a business tax receipt issued pursuant to this application does not indicate that the parcel of land upon which the business intends to operate is properly zoned for the activities in question and that it is the responsibility of the business to verify same with the appropriate zoning authority prior to commencing its activities or operations. (4) I also affirm that I, the business owner/principle of record indicated hereon, is in compliance or will comply with all federal, state and legal requirements.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Receipt Fee:** \_\_\_\_\_

Once completed, please submit this application with payment to Patsy Heffner, Tax Collector. Use the above listed address when mailing in your application.



**BUSINESS TAX RECEIPT CONSOLIDATED APPLICATION  
RESIDENTIAL**

Osceola County Community Development Division  
1 Courthouse Square, Suite 1400  
Kissimmee, Florida 34741  
Phone No: (407) 742-0200 Fax No: (407) 742-0202

**BUSINESS TAX RECEIPT CONSOLIDATED APPLICATION  
RESIDENTIAL**

**REQUIREMENTS FOR SUBMITTAL OF APPLICATION**

**(1) HOME OCCUPATIONS**

Applicant is required to submit **one (1) copy** of the site plan showing the following:

- (a) Lot Dimensions
- (b) Location, dimensions and setbacks of existing and/or proposed structure(s)
- (c) Location of all easements, rights-of-ways, platted roads, rights of ingress and egress, drainage easements, drainage swales, and any other features existing on the land in question

**(2) NOTARIZED LETTER OF AUTHORIZATION**

Required only when the applicant is not the property owner where the home occupation or business will be conducted

**(3) FILING FEE**

The applicant is required to submit the appropriate filing fee (see below) which is non-refundable, even if your request is denied

**(4) LOCAL BUSINESS TAX RECEIPT FEE**

Local Business Tax Receipt Fee for new businesses are as follows:

- 10/1 - 3/31 .....\$30.00
- 4/1 - 6/30 .....\$15.00
- 7/1 - 9/30 .....\$45.00

**SPECIAL EXCEPTION**

**B.O.C.C. Home Occupation Review Fee** (no board review).....\$160.00



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1. **OWNERSHIP:** Do you own the property? Yes \_\_\_ No \_\_\_. If yes, please provide the purchase Date \_\_\_\_\_. If not, are you a tenant renting the property? Yes \_\_\_ No \_\_\_ Or are you purchasing the property under an agreement for deed? Yes \_\_\_ No \_\_\_

2. **SPECIFIC DIRECTIONS TO PROPERTY: (If gated community provide access code)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gate access code, if applicable: \_\_\_\_\_

3. **PROPERTY INFORMATION**

(1) Lot Width \_\_\_\_\_ (2) Lot Depth \_\_\_\_\_ (3) Total Lot Area (Square Footage) \_\_\_\_\_  
Zoning Classification: \_\_\_\_\_  
Land Use Classification: \_\_\_\_\_  
**Water:** \_\_\_ Well \_\_\_ Central Water **Sewer:** \_\_\_ Septic Tank \_\_\_ Central Sewer

4. **IF YOU ARE CHANGING THE USE OF AN EXISTING BUILDING OR STRUCTURE PLEASE LIST THE EXISTING AND PROPOSED USE.**

EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

5. **ESTIMATED CONSTRUCTION VALUATION (INCLUDE LABOR AND MATERIALS) \$ \_\_\_\_\_**

**SQUARE FOOTAGE: LIVING (AIR CONDITIONED) AREA \_\_\_\_\_ NON-LIVING AREA \_\_\_\_\_**

6. **HOURS AND DAYS OF OPERATION:**

Mon \_\_\_\_\_ to \_\_\_\_\_ Fri \_\_\_\_\_ to \_\_\_\_\_  
Tues \_\_\_\_\_ to \_\_\_\_\_ Sat \_\_\_\_\_ to \_\_\_\_\_  
Wed \_\_\_\_\_ to \_\_\_\_\_ Sun \_\_\_\_\_ to \_\_\_\_\_  
Thurs \_\_\_\_\_ to \_\_\_\_\_

7. **According to the land Development Code, no person shall be employed in the Home Occupation other than members of the immediate family residing on the premises. How many people will be employed in the Home Occupation (be sure to include yourself)? \_\_\_\_\_ Explain \_\_\_\_\_**

**Do these employees reside in the primary residential structure? \_\_\_ Yes \_\_\_ No**

**If these employees do not live in the primary residential structure, please describe what type of services they perform for the requested Home Occupation. \_\_\_\_\_**

8. **According to the Land Development Code, a Home Occupation may be conducted from the primary residential structure or an accessory building provided the accessory building is incidental to and subordinate to the primary residential structure. \_\_\_ Primary Structure \_\_\_ Accessory Building**  
**If the Home Occupation will be conducted from an accessory building, please describe the type of building. \_\_\_\_\_**

**Accessory Building Square Feet \_\_\_\_\_.**

9. According to the Land Development Code, the use of the primary residential structure for the Home Occupation shall be clearly incidental and subordinate to its use for residential Purposes. Not more than twenty-five (25%) of the air conditioned floor area of the dwelling unit shall be used in the conduct of the Home Occupation. What is the total air conditioned floor area (square feet) of the primary residential structure? \_\_\_\_\_  
What percentage of the floor area will be used in the conduct of the Home Occupation? \_\_\_\_\_

10. Please describe in detail what type of equipment, materials, or products are associated with your Home Occupation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will the equipment, materials or products be stored? \_\_\_\_\_  
Will there be any outside storage of equipment, materials or products? \_\_\_ Yes \_\_\_ No  
Will you be parking a work vehicle at your home? \_\_\_ Yes \_\_\_ No  
Does the vehicle exceed 15,000 pounds Gross Vehicle Weight? \_\_\_ Yes \_\_\_ No  
If the vehicle exceeds 15,000 pounds Gross Vehicle Weight, will the vehicle be parked within the Confines of a garage or other enclosed structure in such a fashion as to be fully shielded from public view? \_\_\_ Yes \_\_\_ No

11. Will there be any merchandise stored onsite? \_\_\_ Yes \_\_\_ No  
Where will it be stored? \_\_\_\_\_ What is the total square footage of merchandise to be stored? (No more than 20 square feet of merchandise may be stored) \_\_\_\_\_

12. According to the Land Development Code, there shall be no change in the outside appearance of the building or premises as a result of the Home Occupation, with the exception of an unlighted sign or nameplate which is limited in size to not more than two (2) square feet in area and must be attached to and not projecting from the building. Do you have a sign? \_\_\_ Yes \_\_\_ No If yes, where will it be posted? \_\_\_\_\_ If yes, what is the size of the sign? \_\_\_\_\_

13. The Average Daily Trip (ADT) count for traffic generation to and from a single-family residence on a daily basis is ten (10) trips per day. Please explain how the operation of the requested Home Occupation at single family residence will be in compliance with this standard.  
\_\_\_\_\_  
\_\_\_\_\_

14. Will the Home Occupation require the delivery of products from commercial carrier such as FedEx or UPS to the primary residential structure? \_\_\_ Yes \_\_\_ No If yes, state the number and frequency of scheduled deliveries and pickup of products that will occur which are associated with your Home Occupation request. (Deliveries related to the Home Occupation shall not occur more frequently than twice per day)  
\_\_\_\_\_  
\_\_\_\_\_

15. Explain whether the activities of the Home Occupation will create any levels of noise, vibration, glare, fumes, odor or electrical interference detectable to the normal senses outside the dwelling unit in excess of that normally associated with household use.  
\_\_\_\_\_  
\_\_\_\_\_

16. Explain in detail what type of work activities or services are performed in the operation of this Home Occupation Business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENTIAL AFFIDAVIT for HOME OCCUPATIONS**

I, \_\_\_\_\_, as a business owner in Osceola County, Florida and because my place of business is located within a residence, I hereby agree to the following conditions:

1. I guarantee that the Home Occupation operated from my residence will comply with the application and any restrictions approved by Osceola County Planning & Zoning Office.
2. I guarantee that no person shall be employed other than members of the immediate family all of which must reside on the premises.
3. I guarantee that the use of the dwelling unit for the Home Occupation shall be clearly incidental and subordinate to its use for residential purposes. Not more than twenty-five (25) percent of the air-conditioned floor area of the dwelling unit shall be used in the conduct of the Home Occupation and no more than 20 square feet of merchandise may be stored. I understand that no outside display, storage, or use of land is permitted.
4. I guarantee there shall be no change in the outside appearance of the building or premises as a result of such occupation, with the exception of an unlighted sign or nameplate. The sign shall be limited to not more than two (2) square feet in area, attached to and not projecting from the building.
5. I understand a Home Occupation may be conducted in any accessory building provided the building is incidental to and subordinate to the primary residential structure.
6. I guarantee mechanical equipment shall not be used on the premises, except such that is normally used for purely domestic or household purposes, nor shall it create levels of noise, vibration, glare, flumes, odors or electrical interference detectable to the normal senses outside the dwelling unit in excess of that normally associated with household use. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television sets off the premises, or causes fluctuations in line voltage in excess of that normally associated with household use.
7. I guarantee no products other than those produced on site will be sold on site. This does not preclude taking orders for sales or provision of services off-site.
8. I guarantee traffic or parking demands to or from the residence shall not be generated by the residential use and Home Occupation in greater volume, frequency or type than ten vehicle trips per day, as defined by the Institute of Transportation Engineers (I.T.E.). Deliveries related to the home occupation shall not occur more frequently than twice per day, not including any deliveries made by the U.S. Postal Service. Parking demand shall be limited to a maximum of four (4) parking spaces.
9. I guarantee multiple Home Occupations shall not have a cumulative impact greater than the criteria for one occupation.
10. In the event that Osceola County determines that there has been any violation of this agreement, I further agree to cease all business activities at this address immediately upon due notice from Osceola County. I understand a Home Occupation approval may be revoked by the County Manager or her/his designee upon any violation of these criteria, after written notice.
11. Osceola County has permission to perform a site inspection of the referenced property below to confirm that the business being operated is compliant with the Osceola County Home Occupation Code.

The street address where the business will be located is: \_\_\_\_\_

The name of the business is: \_\_\_\_\_

\_\_\_\_\_  
TYPE/PRINT NAME OF BUSINESS OWNER (DATE)

\_\_\_\_\_  
SIGNATURE OF BUSINESS OWNER (DATE)



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**Property Owner Affidavit**

**Notification to Owner and Request for Authorization  
for tenant to apply for an Osceola County Local Business Tax Receipt.**

As legal **owner** of the property located at \_\_\_\_\_  
Print Physical Property Address (Street # , Name. City, State & Zip Code)

In Osceola County, Florida, I am aware and hereby give permission to my tenant \_\_\_\_\_  
Print Tenant Full Name (First, Middle initial, and Last Name)

to apply for a Local Business Tax Receipt and Home Occupation for the business of \_\_\_\_\_  
(Print Full Business Name, Corporation or DBA if applicable)

\_\_\_\_\_  
Property Owner Printed Full Name

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner Mailing Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Property Owner Daytime Phone Number

\_\_\_\_\_  
Property Parcel/Tax ID Number

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, by \_\_\_\_\_  
who is personally known to me \_\_\_\_ or has produced \_\_\_\_\_  
as identification, and did take an oath \_\_\_\_ or did not take an oath \_\_\_\_\_.

\_\_\_\_\_  
(Print Name of Notary) Notary Signature SEAL