



City of Port Orange Commercial Business Tax Application Procedures

The following procedures must be followed to obtain a Business Tax Receipt with the City of Port Orange. These requirements may vary depending upon the type of business, location, state regulation, etc.

1. Complete the Business Tax application packet in its entirety. **The operation of a business is not permitted until a City Business Tax Receipt and Certificate of Occupancy is issued. This process normally takes approximately 10 business days to complete.**
2. Attach a sketch/concept plan of the proposed business. The plan needs to include the interior space layout including bathrooms, storage, offices, etc. and layout of the site.
3. Copy of business owner's driver's license or other state issued identification.
4. Businesses requiring a State License **must** attach a copy of the current license. State licenses are location specific and need to be registered to the current place of business.
5. A copy of the Fictitious Name, LLC, or Articles of Incorporation accepted by the Division of Corporations is required unless you are using your **formal first and last name only**.
6. Payment for the Business Tax Receipt and Use Inspection permit will be collected once approval is received from the Planning & Zoning Department and Public Utilities Department.
7. Businesses needing zoning approval on the Alcoholic Beverage and Retail Tobacco Products Dealer Permit Application will be required to complete the Business Tax application process prior to zoning approval. **Please include the ABT application page required with this application for zoning approval.**
8. Use Inspection by Building Department and Fire Marshal will be required if the business tax application is not associated with a building permit.

Business Resources

Volusia County

www.volusia.org/revenue/btrinfo.htm Business Taxes are only issued online
Daytona Beach office (386) 254-4635 New Smyrna Beach Office (386)423-3325

Initial Business Contacts

Florida Division of Corporations – Fictitious name, LLC, Inc.

www.sunbiz.org (850) 245-6000

Florida Department of Revenue – Florida Sales Tax

www.floridarevenue.com/taxes/taxesfees/pages/sales_tax.aspx (800) 352-3671

Local Office: 1821 Business Park Blvd. Daytona Beach (386) 274-6600

Internal Revenue Service – Employer Identification Number (EIN)

www.irs.gov (800) 829-4933 (Business & Specialty Tax Line)

State Licensing Agencies

Florida Department of Business and Professional Regulations – State Licensing

www.myfloridalicense.com (850) 487-1395

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

www.freshfromflorida.com (800) 435-7352

Volusia County Health Department – Tanning, Tattooing, Microblading, Food Hygiene, etc.

www.floridahealth.gov/licensing-and-regulation/index/html (386) 274-0509

Division of Plant Industry – Nursery/Nursery Stock Dealers Registration

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 (850) 413-3137

ABT Licensing District Office – Alcohol & Tobacco License

www.myfloridalicense.com/dbpr/alcoholic-beverages-and-tobacco (850)487-1395

Business Assistance Groups

Port Orange/South Daytona Chamber of Commerce

www.psychamber.com (386) 761-1601

Small Business Development Center

www.sbdcdaytona.com (386) 506-4723

Florida Small Business

www.floridasmallbusiness.com



CITY OF PORT ORANGE

1000 CITY CENTER CIRCLE PORT ORANGE, FL 32129

PHONE 386-506-5602 | FAX 386-506-5699

Commercial Business Tax Application

Date Received: _____ Received: _____ BTR#: _____

New Business Add to Existing Business Business Transfer

Business Name Change – List former name: _____

BUSINESS INFORMATION:

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Mailing City, State, & Zip: _____

Business Phone: _____ Email: _____

Description of Services Offered: _____

State License Number (if applicable): _____

BUSINESS OWNER:

Business Owner or Corporation Name: _____

Home/Corporation Address: _____

City, State, & Zip: _____

Home/Cell Phone: _____

Driver's License #: _____

Social Security or FEIN #: _____

**** The City of Port Orange collects your social security number for the following purposes: classification of accounts, identification and verifications, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting, and applicant and employee background checks. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.**

**** A business may not begin operating without their current Business Tax Receipt (BTR) and Certificate of Occupancy (CO).**

Has the location been vacant for any period of time? NO YES If yes, how long? _____

of existing parking spaces: _____ # of employees (including self): _____

of handicap spaces: _____ # of contracted employees: _____

Is any remodeling work being done to this building/unit? NO YES

*If yes, a building permit may be required

Merchants/Retail/Service: Building/Unit Square Footage: _____

Automobile New/Used Car Sales: Proposed Number of Cars for Sale: _____

Restaurants/Lounges: # of Seats: _____ # of Bar Stools: _____

Live Entertainment NO YES

Alcohol Served? NO YES

*If yes, must submit state application for zoning approval

Amusements: # of Coin Operated Devices: _____

of Pool Tables: _____ # of Gaming Devices: _____

(Examples include but are not limited to Darts, Video, Simulator, Pinball, etc.)

Vending Machines: # Devices: _____ Type: _____

(Examples include but are not limited to soda, gumball, video, candy, small prizes, etc.)

ATM: NO YES

Lawn Care/Yard Work: Planting? NO YES

Automobile Service/Repair/Gas Station: # of Bays: _____ # of Pumps: _____

Mobile Home Parks/Hotels/Motels/Apartments: # of Lots/Units: _____

Beauty/Barber/Nail/Other Salons: # of Chairs/Beds: _____

School/Day Care: # of Students: _____

Laundry: # of Washers: _____ # of Dryers: _____ # of Staff: _____

Drop-Off Service: NO YES

Note: If an employee working for a business registered with the City is not directly employed, the individual employee will need to obtain their own Business Tax Receipt.

PUBLIC SAFETY:

Persons to notify in case of an emergency – Must be local and have a key to the office.

Name: _____ Phone: _____

Name: _____ Phone: _____

Does the business discharge chemicals on site? [] NO [] YES

Will the business be open on any date after midnight serving alcohol? [] NO [] YES

ACKNOWLEDGEMENTS / CERTIFICATION

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.** **If Handyman, Repairman, Maintenance, or Construction Subcontractor, I understand I can be assessed a penalty if I advertise to perform work or perform work which requires State Licensure.

Acknowledgement for Commercial Location Business

I acknowledge that the issuance of this Business Tax Receipt is contingent upon complying with the building and fire prevention requirements of the City of Port Orange. An inspection will be performed, and should deficiencies be found that are in conflict with the city code, I understand that the City of Port Orange will not issue the Business Tax Receipt until I (or the owner of the building, if leased) make the required corrections. I understand that should corrections be necessary, I am not permitted to operate this business until those corrections have been made.

OWNER SIGNATURE: _____ **DATE:** _____

Certification

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 Port Orange 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.

Owner/Applicant Signature: _____ Date: _____

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization on this _____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

_____ Notary Public, Commission No. _____

(Name of Notary typed, printed or stamped)

**CITY OF PORT ORANGE
CROSS CONNECTION CONTROL QUESTIONNAIRE**

Business Name: _____ Address: _____

Description of Business: _____

Owner Name: _____ Phone Number: _____

Business Status (check one only): New Existing

Business Type (check one only): Commercial Home Based

The Florida Department of Environmental Protection requires annual testing of all backflow preventers. This survey follows the same program.

Survey Questions	Yes	No
Are there any backflow prevention devices installed in any part of your piping?		
Is there another source of water to your property other than the service connection to the public potable supply? i.e., reclaimed water, private well, lake, stream, river, pond, etc.		
Is there an irrigation system on your property?		
Are there any facilities (i.e. a booster pump, elevated tank, etc.) to increase the water pressure above the supply pressure presently provided by the public potable supply?		
Are there any toxic or non-toxic chemicals used in your operation?		
Are there any ejectors, aspirators or pumps used in your operation?		
Is there any water recycled during the operation of your air conditioner or other equipment in your plant or building?		
Are there any water supply lines submerged in tanks, vats, etc.?		
Is there a fire stand pipe or fire sprinkler system installed in your building?		
Is your building more than two (2) stories tall?		

Respondent (print name)

Respondent (signature)

Date



CITY OF PORT ORANGE

1000 CITY CENTER CIRCLE PORT ORANGE, FL 32129

Application for Hazardous Material Use

Please print or type all requested information

Business Name: _____

Street Address: _____ Telephone: _____

Business Type: _____

Owner/Manager: _____ Telephone: _____

Insurance Co: _____ Telephone: _____

Does your business conduct, produce, store, or use the following products?

Yes No

Explosives/Blasting agents and or Ammunition

Flammable/combustible liquids and/or LPG

Flammable/combustible finishes

Compressed gasses

Hazardous products (flammable solids, corrosive liquids, radioactive materials, oxidizing materials, potentially explosive chemicals, highly toxic material and poisonous gases) as defined by the Standard Fire Prevention Code

LIST ALL PRODUCTS: Indicate total amount per package i.e.: cubic feet, gallons, pounds and/or numbers. Use additional sheets if necessary.

Product/Generic Name	Identification Number	Amount

SARA Title III, Tier Two requirements (if applicable) met: ___ yes ___ no
 or complied by: _____ (Date)

Applicant Signature: _____ **Date:** _____

Inspected by: _____ **Date:** _____ **Time:** _____

Permit Approved: yes no **Permit No.** _____ **Fee:** _____



CITY OF PORT ORANGE
DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING DIVISION
1000 CITY CENTER CIRCLE
PORT ORANGE, FL 32129

PERMIT NO.: _____
PERMIT TECH: _____

APPLICATION FOR USE INSPECTION

SECTION A:

PROPERTY OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SQUARE FOOTAGE: _____

SECTION B:

TENANT NAME: _____

TENANT ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ EMAIL: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION
IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

PRINT NAME: _____

SIGNATURE: _____

DATE: _____