



City of Port Orange Home Based 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.
2. Copy of business owner's driver's license or other state issued photo identification
****Note:** Applying for a home-based business requires proof of residency. If the driver's license lists a different location, proof of residency will only be accepted in one of these forms: lease/ownership papers or utility bill.
3. 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.
4. 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**.
5. Home Based business regulations:
 - Business type is limited to office, internet and telephone type services
 - Customers and/or employees are not permitted at the residence
Note: Private instruction of no more than one (1) student per session is allowed
 - Residence can not be used as a meeting or gathering place to conduct or start work
 - Business shall not occupy more than twenty percent (20%) of the residence
 - Advertising, including business cards, **cannot** display home address
 - There shall be no display of products visible in any manner from the outside of the dwelling
 - Shipping and drop shipments related to the business must be done off-site
6. Certain business types are prohibited from operating as a Home-Based business. Please see the Land Development Code – Chapter 16, Section 2 for a complete list.

Link to the Land Development Code:

https://library.municode.com/fl/port_orange/codes/land_development_code?nodeId=LADECO_CH16MIRE_S2HOOC

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

Home Based 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.**

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.

I, _____ have read and agree to comply with the requirements and restrictions set forth in Chapter 16, Section 2 of the City of Port Orange Land Development Code.

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 _____, County of _____

On this _____ day of _____, _____ before me personally appeared _____ personally known to me (), or has produced identification (), as the person who acknowledges the foregoing document.

Notary Signature: _____ Seal:

OFFICE USE ONLY	
_____ Complete Application	_____ State License
_____ Copy of Driver's License/Proof of Residence	_____ Fictitious Name
_____ Articles of Incorporation	