



# Community Development Department

4100 Indian Bayou Trail | Destin, FL 32541 | Phone: 850-654-1119 |  
businessstaxreceipts@cityofdestin.com | www.cityofdestin.com

## **BUSINESS TAX RECEIPT (BTR) AND LAND USE/CHANGE OF USE APPLICATION**

*Please read the following information carefully.*

**No person or entity shall engage in or operate any business, occupation, or profession within the City limits without first obtaining from the City a Business Tax Receipt (formerly known as Business License) for each business, occupation, or professional activity and land use approval.**

### **1. Business Tax Receipt Instructions:**

Complete and Submit this application online or in-person for New Applications only.  
Follow the instructions for detailed information to completion and submission of this form.

#### **A. Short Term Rental Regular Business Tax Receipt**

- 1) Please fill out the Business Tax Receipt Application found on **page 4**.
- 2) If this property is a new Short-Term Rental, please fill out the Land Use/Change of Use application found on **pages 6-9**.
- 3) If you are **renewing** your Short-Term Rental Property and Long-Term Rental Property Business Tax Receipt, please do not fill out a New Business Tax Receipt Form. You will receive a renewal notice.

#### **B. Regular Business Tax Receipt Form**

- 1) Please fill out the Business Tax Receipt Application found on **page 4**.
- 2) Give full description of your business.
- 3) General Criteria: All specific information for your business- Example: Number of employees, jet skis, car passengers.
- 4) If this business is new to this location or an expansion or intensification of the site, please fill out the Change of Use application found on **pages 6-9**.
- 5) For **Food Service Businesses and Contractors**, please attach a copy of your Department of Business and Professional Regulation or your Department of Agriculture license (whichever is applicable).

○ ***Please Note: Please fill out a Home Occupation form, if applicable. (Pages 10-11)***

#### **C. Professional Business Tax Receipt Form**

- 1) Please fill out the Professional Business Tax Receipt Application found on **page 5**.
- 2) Attach a copy of your DBPR (Contractors, Accountants, Attorneys, Dentist, Cosmetologist), or any other State License required (Dept Agriculture, Health Department, Division of Motor Vehicles)

- 3) If this business is new to this location, an expansion or intensification of the site, please fill out the Land Use/Change of Use application found on **pages 6-9**.

## **2. Change of Use Information:**

When the use of a space changes, the risk factors and neighborhood impacts associated with the space can also change. The change of use permit process is intended to help identify those requirements and protect the public health, safety, and welfare. Existing developments are required to be consistent with existing development order(s) and expansion or changes to a space should not be permitted if a property is not currently in compliance with applicable city or state codes, or with an applicable development order.

A change of use review process is intended to allow the City to address all allowable past, present, and future uses, where changes have occurred or are proposed to occur on the property. This process is intended to allow the City to ensure compliance with all current land use regulations, and to allow the City to consider and address potential impacts related to access, fire protection, lighting, noise, parking, signage, traffic, traffic safety, and vehicular access, and other impacts affecting the public health, safety, or welfare.

A Land Use/Change of Use Application (**page 6-9**) is required if this business is new to this location or an expansion or intensification of the site. Below are some examples of Change of Use, but are not limited to:

- Changing from Restaurant to Warehouse
- Change in Parking.
- Change in number of bedrooms.
- Change in Commercial to Retail.
- Long term Residential to Short Term Rental.
- The addition of a use to a site that is in current operation, resulting in multiple uses on one site. (Examples may include, but are not limited to, a commercial building with multiple suites that may include commercial, retail, or restaurant uses.)
- Establishment of new or expanded home occupations.

**All revised applications must be submitted within thirty (30) days of the date of notification of resubmittal required. If the applicant fails to submit amended documents within the allotted thirty (30) days, the application will be considered withdrawn.**

### **Home Occupation Questionnaire, Application & Affidavit (Pages 9 - 14)**

- Please fill out the Home Occupation application and affidavit for any change in the existing use.
- Please fill out this form if you are conducting a business from home.
- Please fill out an Off-Site Business Affidavit if the primary physical operations of your
- business occur at a location other than the site of its permanent listed address.

**Off Site Affidavit (Page 15)**

- If your business is a sole proprietorship business whose primary physical operations (as distinguished from purely managerial activities) occur at a location other than the site of its permanent listed address

**Social Security Addendum (Page 16)**

- If using your social security number instead of a FEIN number, include SS addendum.

# CITY OF DESTIN

4100 Indian Bayou Trail • Destin, FL 32541

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## APPLICATION FOR LOCAL BUSINESS TAX RECEIPT



\*\*\*PLEASE PRINT CLEARLY\*\*\*

Date of Application \_\_\_\_\_ Start Date: \_\_\_\_\_ Phone (O) \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone (H) \_\_\_\_\_

Name of Owner or Agent \_\_\_\_\_

Address (Location) \_\_\_\_\_ Mailing \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Description of Business \_\_\_\_\_

FEIN or Social Security Number as required FS 205.0535 (5) \_\_\_\_\_  
\*\*\*If using SS #, please sign and return addendum with application\*\*\*

For Short Term Rental/ Vacation Home (only): Number of bedrooms \_\_\_\_\_ Number of parking spaces \_\_\_\_\_

General Criteria \_\_\_\_\_

Number of employees, passengers, jet skis, seats, etc..  
Sq. Ft. Leased/Occupied by Business \_\_\_\_\_

Mark if this Business is an: Off-site Business (attach affidavit)  Home Occupation (attach affidavit)

Name and Type of Previous Business at this Location \_\_\_\_\_

Other Permits, Licenses or Certificates issued for this Business or Profession at this location:

Okaloosa County: Yes  No  Others (please list): \_\_\_\_\_

If applicable to this business, requirements relating to the use and/or storage of hazardous and toxic chemicals as described in the Superfund Amendments and Reauthorization Act of 1986 (SARA), Title III: "Emergency Planning and Community Right to Know" were complied with: Yes  No  N/A

**I DO SOLEMNLY SWEAR AND AFFIRM THAT ALL INFORMATION ENTERED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**ALL BUSINESSES LOCATED IN THE CITY MUST BE IN COMPLIANCE WITH ALL APPLICABLE LAND DEVELOPMENT, ZONING AND OTHER CODES TO THE CITY. THE GRANTING OF THIS BUSINESS TAX RECEIPT DOES NOT IN AND OF ITSELF, PRESUME, INFER, OR CONFER COMPLIANCE WITH LOCAL ORDINANCES. IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO ASSURE COMPLIANCE WITH LOCAL CODES PRIOR TO APPLYING FOR A BUSINESS TAX RECEIPT OR OPENING A BUSINESS LOCATION. FURTHER, THE APPLICATION FOR OR RECEIPT OF A BUSINESS TAX RECEIPT DOES NOT WAIVE THE OBLIGATION OF SAID BUSINESS TO COMPLY WITH ALL APPLICABLE LAND DEVELOPMENT, ZONING AND OTHER CODES OF THE CITY.**

**THE APPLICANT IS HEREBY NOTIFIED THAT SHOULD ANY INFORMATION ON THIS FORM BE FOUND TO BE INACCURATE OR INCOMPLETE, THE BUSINESS TAX RECEIPT ISSUED MAY BE WITHDRAWN AND THE BUSINESS OR PROFESSIONAL ACTIVITY PERMITTED THEREWITH SHALL IMMEDIATELY CEASE UNTIL ALL DEFECTS HAVE BEEN CORRECTED.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

ZONING: \_\_\_\_\_ Approved  Prohibited

\_\_\_\_\_  
Zoning Official

\_\_\_\_\_  
Date

OTHER REGULATORY AGENCY COMMENTS/INFORMATION: \_\_\_\_\_

# CITY OF DESTIN

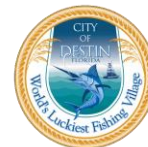
4100 Indian Bayou Trail • Destin, FL 32541

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## APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

### PROFESSIONAL (State License Holders)



\*\*\*PLEASE PRINT CLEARLY\*\*\*

Date of Application \_\_\_\_\_ Start Date: \_\_\_\_\_ Phone (O) \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone (H) \_\_\_\_\_

Name of Professional Individual \_\_\_\_\_

Address (Location) \_\_\_\_\_ Mailing \_\_\_\_\_

Email Address: \_\_\_\_\_

DBPR License Type \_\_\_\_\_

\*\*\*Cosmetologist, Nail Tech, Real Estate Sales, Real Estate Broker, etc\*\*\*

FEIN or Social Security Number as required FS 205.0535 (5) \_\_\_\_\_

\*\*\*If using SS #, please sign and return addendum with application\*\*\*

Other Permits, Licenses or Certificates issued for this Business or Profession at this location:

Okaloosa County: Yes  No  Others (please list): \_\_\_\_\_

Name and Type of Previous Business at this Location \_\_\_\_\_

If applicable to this business, requirements relating to the use and/or storage of hazardous and toxic chemicals as described in the Superfund Amendments and Reauthorization Act of 1986 (SARA), Title III: "Emergency Planning and Community Right to Know" were complied with: Yes  No  N/A

**I DO SOLEMNLY SWEAR AND AFFIRM THAT ALL INFORMATION ENTERED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**THE APPLICANT IS HEREBY NOTIFIED THAT SHOULD ANY INFORMATION ON THIS FORM BE FOUND TO BE INACCURATE OR INCOMPLETE, THE BUSINESS TAX RECEIPT ISSUED MAY BE WITHDRAWN AND THE BUSINESS OR PROFESSIONAL ACTIVITY PERMITTED THEREWITH SHALL IMMEDIATELY CEASE UNTIL ALL DEFECTS HAVE BEEN CORRECTED.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

ZONING: \_\_\_\_\_ Use \_\_\_\_\_ Approved  Prohibited

\_\_\_\_\_  
Zoning Official

\_\_\_\_\_  
Date

OTHER REGULATORY AGENCY COMMENTS/INFORMATION: \_\_\_\_\_

NEW BUSINESS  EXISTING BUSINESS

TOTAL \$ \_\_\_\_\_

# LAND USE/CHANGE OF USE APPLICATION REQUIREMENTS



## **MANDATORY DOCUMENTS:**

- \_\_\_\_\_ 1. COMPLETED CHANGE OF USE APPLICATION PACKET. ALL APPLICABLE LINE ITEMS MUST BE FILLED OUT. A CHANGE OF USE SHALL INCLUDE BUT IS NOT LIMITED TO: CHANGE OF USE CLASSIFICATION, INTENSIFICATION OF USE, ADDITION OF USE(S), MODIFICATION OF USE.
  
- \_\_\_\_\_ 2. ONE (1) DIGITAL SITE PLAN OF THE ENTIRE PARCEL. THE SITE PLAN MUST BE DRAWN TO SCALE AND INCLUDE:
  - a. PROPERTY LINES/BOUNDARY,
  - b. ALL FOOTPRINTS OF BUILDINGS ON PARCEL,
  - c. TOTAL SQUARE FOOTAGE OF EACH BUILDING AND/OR SUITE
  - d. EXISTING USE OF ALL BUILDINGS/SUITES ON PARCEL,
  - e. ALL PARKING SPACES ON PARCEL, AND
  - f. TOTAL NUMBER OF PARKING SPACES.
  
- \_\_\_\_\_ 3. ONE DIGITAL FLOOR PLAN, IF APPLICABLE.
  
- \_\_\_\_\_ 4. PROOF OF OWNERSHIP
  
- \_\_\_\_\_ 5. AGENT AFFIDAVIT (IF APPLICABLE)
  
- \_\_\_\_\_ 6. ALL SHARED PARKING AGREEMENTS FOR PARCEL (IF APPLICABLE)
  
- \_\_\_\_\_ 7. HOME OCCUPATION AFFIDAVIT (IF APPLICABLE)
  
- \_\_\_\_\_ 8. OFF-SITE AFFIDAVIT (IF APPLICABLE)

**A FEE OF \$50.00 WILL BE COLLECTED AT THE TIME OF APPROVAL, OR WITH THE SUBMITTAL OF ADDITIONAL DOCUMENTATION PRIOR TO SECOND REVIEW.**



**Community Development Department**  
4100 Indian Bayou Trail, Destin, FL 32541  
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APPROVAL DATE

**LAND USE/CHANGE OF USE APPLICATION**

(Non-Specified)

**SUBMITTAL REQUIREMENTS:**

- COMPLETED APPLICATION
- PROOF OF OWNERSHIP
- AGENT AFFIDAVIT OR OWNER SIGNATURE ON APPLICATION
- ALL SHARED PARKING AGREEMENTS (IF APPLICABLE)
- FLOOR PLAN (*May be required if number of bedrooms does not match property Appraiser's record*)
- SCALED SITE PLAN
  - LIST OF ALL EXISTING USES ON THE SITE
  - PARKING SPACE LAYOUT AND DIMENSIONS
  - PROPERTY LINES

OWNER OF PROPERTY: \_\_\_\_\_

APPLICANT/REPRESENTATIVE NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IS THE PROPOSED CHANGE AN EXPANSION, ADDITION, OR INTENSIFICATION? YES  NO

IS THE PROPOSED CHANGE A SHORT TERM RENTAL? YES  NO

PROVIDE THE NUMBER OF BEDROOMS \_\_\_\_\_ NUMBER OF PARKING SPACES \_\_\_\_\_

**FOR STAFF USE ONLY**

SITE ADDRESS: \_\_\_\_\_

PARCEL ID(S): \_\_\_\_\_

ZONING DISTRICT CLASSIFICATION: \_\_\_\_\_

PREVIOUS USE OF SUITE, BUILDING, OR SITE: \_\_\_\_\_

PROPOSED USE OF SUITE, BUILDING OR SITE: \_\_\_\_\_







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**HOME OCCUPATION QUESTIONNAIRE**

1. **Is the proposed home occupation any of the following business types?** YES  NO 
  - a. Beauty/barber shops,
  - b. appliance and motor repair,
  - c. automotive/vehicle repairs/paint and body work,
  - d. florist,
  - e. veterinary clinic,
  - f. radio/television repair,
  - g. work involving hazardous materials,
  - h. restaurants, bars, lounges, or bottle clubs,
  - i. fortunetellers or similar occupations,
  - j. wholesale sales,
  - k. retail sales,
  - l. commercial special event venues
2. **Are there any employees other than those who are residents of the home?** YES  NO
3. **Will anyone be coming to your home to conduct business?** YES  NO
4. **What is the total area (square feet) of the home?** \_\_\_\_\_ sq. ft.
5. **What is the total area to be used for the requested home occupation?** \_\_\_\_\_ sq. ft.
6. **Is there any outside storage or signage on the property?** YES  NO
7. **Will there be any merchandise or goods of any kind sold on the property?** YES  NO
8. **Will your home be used primarily for office or administrative purposes?** YES  NO
9. **Are you conducting business at site other than the primary location of the business?**

YES  NO

If yes, please list the address of the business's primary location: \_\_\_\_\_

FOR STAFF USE ONLY

<b>Planning Review:</b> _____	<b>Date:</b> _____
<b>Building Review:</b> _____	<b>Date:</b> _____
<b>Code Compliance Review:</b> _____	<b>Date:</b> _____
<b>Engineering:</b> _____	<b>Date:</b> _____



# CITY OF DESTIN

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## **Land Development Code - 9.06.06. Home occupations—Standards**

**A. Conditions and limitations.** The standards which shall be applied to the conduct of customary home occupations are more particularly defined by conditions and limitations as follows:

- (1) No person other than a resident of the premises shall be engaged in such occupation. This provision prohibits the use of the premise by any clients, customers, employees, or contractors doing business with the owner or operator of the home occupation.
- (2) The use of the dwelling unit for the home occupation shall be clearly and absolutely incidental and subordinate to its use for residential purposes by its occupants.
- (3) The total square footage of area used for the home occupation, including storage, shall not exceed 25 percent of the habitable floor area of the dwelling unit. Floor area of garages, storage buildings, open decks and porches shall not be included in the calculation of the total habitable area of the dwelling unit.
- (4) There shall be no change in the outside appearance of the principal dwelling unit, other buildings on the premises, or other visible evidence of the conduct of such home occupations. Outside or auxiliary building storage or signs pertaining to the home occupations are prohibited.
- (5) Nothing shall be permitted, the use of which would generate noise, vibration, glare, fumes, odors, electrical or electronic interference beyond that which normally occurs in the applicable zoning district.
- (6) No equipment or process shall be used which creates visual and/or audible interference in any radio or television receiver or causes fluctuations in the line voltage off the premises of the dwelling unit.
- (7) No provision for off-street parking or loading facilities associated with the home occupation other than the requirements of the residential district in which the use is located shall be permitted.
- (8) No part of a required landscape area shall be used for off-street parking or loading purposes, and no additional driveways to serve home occupations shall be permitted.
- (9) No merchandise, commodities or goods of any kind shall be sold or traded on the premises, nor displayed on
- (10) All storage, including equipment, relating to the home occupation shall be contained entirely within a completely enclosed structure. Such storage space shall be included in the total square footage allowed for the conduct of the home occupation as outlined in (3).
- (11) Any home occupation requiring the conduct of business with clients, customers, employees, or contractors shall designate on an affidavit made a part of the Home Occupation License the means (e.g. "phone", "internet", "e-mail", "fax") or location (name and address of a business location at which such activity will be conducted) for the execution of contracts, storage or provision of goods or services, meeting with individuals, and related matters.

**B. Permitted home occupations.** Permitted home occupations are those which meet the standards provided herein, except as specifically prohibited herein. No home occupation permit shall be issued to a person who has not purchased an occupational license.

**C. Prohibited home occupations.** The following uses are specifically prohibited in residential zones and are not, by definition, permitted home occupations:

- (1) Beauty/barber shops.
- (2) Appliance and motor repair.
- (3) Automotive/vehicle repairs/paint and body work.
- (4) Florist.
- (5) Veterinary clinic.
- (6) Radio/television repair.
- (7) Work involving hazardous materials.
- (8) Restaurants, bars, lounges or bottle clubs.
- (9) Fortune tellers or similar occupations.
- (10) Wholesale sales.
- (11) Retail sales.
- (12) Commercial special event venues.
- (13) Any other occupation which does not meet the standards set forth herein.

**D. Permitting procedures.** The following procedures shall be followed in order for the applicant to obtain a home occupation permit from the City:

- (1) Application for a business tax receipt shall be made to the Planning Division for a determination of compliance with standards set forth herein.
- (2) Provide proof of ownership of the premises upon which the home occupation is to be conducted or state what the relationship is to the property owner.
- (3) Review the standards provided herein with staff from the Planning Division.
- (4) Sign an affidavit:
  - (a) Agreeing to comply with all standards contained in preceding Subsection C;
  - (b) Acknowledging that any departure from the conditions authorizing the use shall be grounds for revocation of the applicable business tax receipt and the right to continue the home occupation;
  - (c) Recognizing the need to renew the requisite business tax receipt annually or as may be otherwise required;
  - (d) Agreeing to permit reasonable inspection of premises upon which home occupation is conducted to ensure compliance with the conditions thereof; and

(e) Acknowledging that if a nuisance complaint is received, an inspection shall be made to ensure compliance and, if noncompliance is determined, the person to whom the business tax receipt was issued shall be given 30 days in which to comply or cease operation at the permitted site.



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### HOME OCCUPATION APPLICATION & AFFIDAVIT

Date: \_\_\_\_\_

Name of business: \_\_\_\_\_

Business location: \_\_\_\_\_  
(street address)

Name of business owner or agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Describe home-based business activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check one:

I rent this home. (Attach notarized letter from owner granting permission to conduct business from premises)

I own this home. (Copy of deed or recent utility (water or electric) bill attached.)

Owner of home: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Parcel identification number: \_\_\_\_\_

**APPROVED** or **DENIED:** \_\_\_\_\_

Community Development Director or Designee

Fee paid: \$ \_\_\_\_\_



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**HOME OCCUPATION AFFIDAVIT**

I, THE UNDERSIGNED, DO HEREBY AGREE to comply with all standards for home occupations as specified in the Land Development Code, Section 9.06.06 (a copy of which has been provided to me and reviewed by me.)

I DO SOLEMNLY SWEAR that no hazardous or toxic chemicals are stored on the premises.

I DO SOLEMNLY SWEAR AND AFFIRM that all information entered on this form is true and correct to the best of my knowledge. I am hereby notified that should any information on this form be found to be inaccurate or incomplete, the local business tax receipt issued may be withdrawn and the business, professional, or occupational activity permitted therewith shall immediately cease until all defects have been corrected.

I FURTHER ACKNOWLEDGE that any departure from the prescribed standards shall be grounds for revocation of the applicable business tax receipt and I will cease the conduct of the home occupation.

I FURTHER ACKNOWLEDGE the business tax receipt issued must be renewed each year prior to October 1<sup>st</sup>.

I DO HEREBY AUTHORIZE the City of Destin and its representatives the right to conduct reasonable inspection of premises to ensure compliance with the applicable conditions. I further acknowledge that if a nuisance complaint is received, and if noncompliance is determined, I understand that I shall have thirty (30) days in which to comply or cease operation at the permitted site.

DATED this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE, DEPARTMENT WITNESS

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
SIGNATURE, DEPARTMENT WITNESS

\_\_\_\_\_  
ADDRESS



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Phone: (850) 654-1119

**OFF-SITE BUSINESS AFFADAVIT**

**I, the undersigned**, do hereby agree to comply with all standards for an off-site business as defined in the Land Development Code, Section 3.00.00 as follows:

**Off-site business**-A sole proprietorship business whose primary physical operations (as distinguished from purely managerial activities) occur at a location other than the site of its permanent listed address. Such address shall be allowed to serve as an address of convenience for licensing purposes and for private management of business matters. However, the business shall involve **no on-premises storage, no signs** relating to the business activity and the business **shall create no parking** in addition to that normally associated with the site.

**I do solemnly swear** all information entered on this form is true and correct to the best of my knowledge. I am hereby notified that should any information on this form be found to be inaccurate or incomplete, the business tax receipt issued may be withdrawn and the business, professional, or occupational activity permitted therewith shall immediately cease until all defects have been corrected.

**I further acknowledge** that any departure from the prescribed definition shall be grounds for revocation of the applicable business tax receipt and I will cease the conduct of the off-site business.

**I further acknowledge** the local business tax receipt issued must be renewed each year prior to October 1<sup>st</sup>.

**I do hereby authorize** the City of Destin and its representatives the right to conduct reasonable inspection of premises to ensure compliance with the applicable conditions. I further acknowledge that if a nuisance complaint is received, and if noncompliance is determined, I understand that I shall have thirty (30) days in which to comply or cease operation at the permitted site.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Address

\*\*\*\*\*

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of physical presence \_\_\_ or online notarization \_\_, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_,

By: \_\_\_\_\_  
(Print name)

Personally known \_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Notary Signature Seal:

Staff Approval for off-site business: \_\_\_\_\_



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**Social Security Notice and Consent**

I, \_\_\_\_\_ understand that the City of Destin  
*(print name)*

requests my social security number for the sole purpose/ use of issuing Business Tax  
Receipt(s) as required in FS 205.0535 (5) and will be used solely for that purpose.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_