



# Community Development Department

4100 Indian Bayou Trail | Destin, FL 32541 | Phone: 850-654-1119 | [permits@cityofdestin.com](mailto:permits@cityofdestin.com) | [www.cityofdestin.com](http://www.cityofdestin.com)

## **BUSINESS TAX RECEIPT REQUIREMENTS**

- **FILL IN ALL INFORMATION REQUESTED ON THE APPLICATION**
- **GIVE A FULL DESCRIPTION OF YOUR BUSINESS**
- **GENERAL CRITERIA: INCLUDE ALL SPECIFIC INFORMATION FOR YOUR BUSINESS - EXAMPLE: NUMBER OF EMPLOYEES, JET SKIS, CARS, PASSENGERS, ETC.**
- **INCLUDE THE NAME OF YOUR BUSINESS REGISTERED WITH THE STATE OF FLORIDA.**
- **INCLUDE A COPY OF YOUR DBPR (HOTELS, MOTELS, RESTAURANTS, CONTRACTORS, COSMETOLOGIST, ETC.) OR ANY OTHER STATE LICENSE REQUIRED (DEPT AGRICULTURE, HEALTH DEPARTMENT, DIVISION OF MOTOR VEHICLES, ETC)**
- **IF USING YOUR SOCIAL SECURITY NUMBER INSTEAD OF AN FEIN NUMBER, INCLUDE SS ADDENDUM**
- **PLEASE SEE HOME OCCUPATION APPLICATION, STANDARDS AND OFF-SITE AFFIDAVIT - FILL OUT APPROPRIATE APPLICATION**
- **PLEASE SEE THE CHANGE OF USE APPLICATION AND ALL REQUIREMENTS**
- **PLEASE MAKE SURE EVERYTHING IS FILLED OUT AND ALL DOCUMENTS ARE INCLUDED WITH YOUR SUBMITTAL.**

**CITY OF DESTIN**  
**4100 Indian Bayou Trail • Destin, FL 32541**  
**(850) 654-1119 Voice • permits@cityofdestin.com**  
**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: \_\_\_\_\_

# 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  
Planning Division**

4200 Indian Bayou Trail, Destin, FL 32541  
Phone: (850) 654-1119 [planning@cityofdestin.com](mailto:planning@cityofdestin.com)

APPROVAL DATE

**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: \_\_\_\_\_

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

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

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

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

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

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 \_\_\_\_\_





# Community Development Department Planning Division

4200 Indian Bayou Trail, Destin, FL 32541  
Phone: (850) 654-1119 Fax: (850) 460-2171

## 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

Planning Review: _____	Date: _____
Building Review: _____	Date: _____
Code Compliance Review: _____	Date: _____
Engineering: _____	Date: _____
Fire Control District: _____	Date: _____

# HOME OCCUPATION APPLICATION & AFFIDAVIT



**CITY OF DESTIN**  
**4200 Indian Bayou Trail • Destin, FL 32541**  
**(850) 654-1119 Voice • (850) 460-2171 Fax**

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: \$ \_\_\_\_\_

## 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



# 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: \_\_\_\_\_  
Community Development Staff Signature



**COMMUNITY DEVELOPMENT  
BUILDING DIVISION**

**Memorandum for Record**

**Subject: Social Security Notice and Consent**

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

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

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

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

City of Destin  
4200 INDIAN BAYOU TRAIL  
Destin, Florida 32541