



**CITY OF MASCOTTE  
BUSINESS TAX RECEIPT  
APPLICATION**

**(Home Business)**

**YOUR CITY BUSINESS TAX RECEIPT CANNOT BE ISSUED THE SAME DAY  
YOU APPLY**

**• REQUIRED PAPERWORK**

Application [ ]

County Business Tax Receipt [ ]

Fictitious name Certificate [ ] (If Applicable) 850•488•9000 (www.sunbiz.org)

Corporation State Certificate With Officers [ ] (If Applicable)

Other Licenses Required [ ] (Which may include Florida Department of Business and Professional Regulation if regulated by DBPR, Department of Health, Florida Department of Agriculture and Consumer Services, Division of Food Safety)

Renter: Property Owner Permission [ ] *If you do not own the property, please complete the attached owner affidavit form.*

.....  
The information below is to be completed by the City of Mascotte:

Business Name: \_\_\_\_\_ License #: \_\_\_\_\_

Business Code: \_\_\_\_\_ Fee Due: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

**APPROVALS**

\_\_\_\_\_  
Code Enforcement (Inspection)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Department (Safety)

\_\_\_\_\_  
Date

**E-Mail:** \_\_\_\_\_

**Special Conditions:**

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

**CITY OF MASCOTTE  
BUSINESS TAX RECEIPT APPLICATION  
SHADED AREA TO BE COMPLETED BY THE CITY**

Transfer \$ \_\_\_\_\_ License Fee \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Occupational License Number \_\_\_\_\_

**Check all that apply:** Transfer of  Location  Ownership  Transferred from: \_\_\_\_\_

New Home Occupation  Update  Add Classification  Change Classification

**Check and Attach copies of all items that apply:** Fictitious Name Registration  Articles of Incorporation

State License(s)  Copy of Driver's License or I.D.  Property owner's written permission

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

Received by City: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Lake County License #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Mobile/Cell Phone: \_\_\_\_\_

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

Do you rent or lease this property? Yes  (if yes, please provide letter from property owner) No

Name of Owner of Business: \_\_\_\_\_

DL#: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

US Citizen: \_\_\_\_\_

Yes  No

Is the business incorporated? yes  (If yes, include papers) No

SS#: SEE ATTACHED SHEET or Federal Tax ID Number (FEI#) \_\_\_\_\_

Have you made application for a Fictitious Name? yes  no

(If using a name other than your legal name, a *Fictitious Name Application* must be made and a copy attached.)

Are you Tax Exempt? Yes  No (please attach copy of Tax Exemption Certificate)

Are you non-profit? Yes  No (please attach copy of Non Profit Status)

**PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO NOTIFY THE CITY OF MASCOTTE IF ANY CHANGES OCCUR IN THE STATUS OF THIS BUSINESS.**

*Please list the nature of your business and list the services that you will be providing.*

Are you planning to serve alcohol? Yes  No

**I hereby acknowledge that I have read this application that the information is correct, and that I am the owner, or the duly authorized agent of the owner. I agree to conform with and abide by, and obey, all of the rules and regulations, which may be lawfully prescribed by the City Council of the City of Mascotte, or its officers, for the issuance of this license. Any false statement herewith is ground for rejection or revocation of this occupational license.**

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

Or Applicant: \_\_\_\_\_

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

*Please be advised that completing this application does not constitute permission by the City of Mascotte to engage in a business or occupation. If applicant elects to purchase or lease property or invest money in the proposed business prior to final approval of the city, the applicant does so at their own risk.*



**OWNER AFFIDAVIT**

I/we are the owner of the property located at: \_\_\_\_\_  
\_\_\_\_\_

I/we are allowing \_\_\_\_\_  
(name of authorized person/business name).

Type of use: \_\_\_\_\_

Dates for the use: \_\_\_\_\_

Property Owners: \_\_\_\_\_ (Signature)

Property Owners: \_\_\_\_\_ (Print Name)

Property Owners: \_\_\_\_\_ (Signature)

Property Owners: \_\_\_\_\_ (Print Name)

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_ (name of person acknowledging).

Personally Known  OR Produced Identification

Type of Identification Produced:

Witness my hand and official seal this \_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notarial Seal)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Notary Name

My Commission Expires: \_\_\_\_\_

**BUSINESS/INDIVIDUAL NAME** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

**CHAPTER 119 (2007)**

**119.071(5) (2a) Other Personal Information**

2. a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is: (I) specifically authorized by law to do so; or (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law. b. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.

3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2.

4. a. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2, the agency shall immediately discontinue the collection of social security numbers for that purpose. b. Each agency shall certify to the President of the Senate and the Speaker of the House of Representatives its compliance with this subparagraph no later than January 31, 2008.

5. Social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption applies to social security numbers held by an agency before, on, or after the effective date of this exemption.

6. Social security numbers may be disclosed to another agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

➤ *The statute below only applies to the application for a Business Tax Receipt*

**FLORIDA STATUTE –**  
**CHAPTER 205 (2005)**

***205.0535 Reclassification and rate structure revisions.--***

(5) No license shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed.

Signature of Applicant:

Date:

Print Name:

## **CITY OF MASCOTTE SOCIAL SECURITY POLICY STATEMENT**

The City of Mascotte recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, the City of Mascotte must collect social security numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number the City of Mascotte provides the following statement regarding the City's collection of social security numbers:

### **THE CITY OF MASCOTTE COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:**

- IDENTIFICATION AND VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

Each individual who provides a social security number to the City of Mascotte shall be provided with a copy of this statement. Additional copies of this social security policy statement may be obtained by contacting City Hall, located at 100 East Myers Blvd. Mascotte, Florida 34753.

\*This social security policy statement has been prepared by the City of Mascotte in compliance with §119.071(5), Florida Statutes (2007).

**EMERGENCY AFTER HOURS CONTACT FOR  
CITY OF MASCOTTE BUSINESSES  
MASCOTTE POLICE AND FIRE DEPARTMENTS**

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**BUSINESS NAME**

\_\_\_\_\_

**ADDRESS**

**PHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

**NAME**

**PHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**ALTERNATE**

**NAME**

**PHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**SECURITY SYSTEM**

**Yes**

**No**

**SECURITY DOG(s)**

**Yes**

**No**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 3.15 Home Occupation

The purpose and intent of these regulations is to reasonably allow for a home to be used as a "doing business address" for the purpose of administering the City's occupational license tax. The regulations permit low impact business activities from the home while assuring that they are limited and controlled so they do not negatively impact the residential areas where they are located. Home occupations shall only be allowed provided the following specified conditions are met:

- A) No person other than the members of the family residing on the premises shall be engaged in such occupations. The use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and shall under no circumstances change the residential character of the residence or neighborhood.
- B) There shall be no change in the outside appearance of the building or premises, no display or goods, or other visible evidence of the conduct of such home occupation from the right of way or adjacent properties.
- C) No home occupation shall be conducted in an accessory building; such occupation must be conducted in the residence of the owner.
- D) No home occupation shall occupy more than twenty five (25%) percent of the living area of the residence, exclusive of the area of any open porch or attached garage or similar space not suited or intended for occupancy as living quarters. Rooms which have been constructed as an addition to the residence, or any attached porch or garage which has been converted into living quarters, shall be considered as living area.
- E) No occupations shall generate greater volumes of traffic than would normally be expected in a residential neighborhood.
- F) No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors or electrical interference detectable off the lot, if the occupation is conducted in a single-family residence, or outside the dwelling unit if conducted in other than a single-family residence. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuations in line voltage off the premises.
- G) The following uses shall not be permitted as Home Occupations: Beauty shops, barbershops, swimming instructor, art studio for group instruction, public dining facility or tea room, antique or gift shops, boatbuilding, cabinetmaking, animal grooming or kenneling, furniture, radio, or television repair, personal counseling or training services, refinishing or building, metal fabrication or other similar activity including uses of welding or cutting torches, showroom or display area, funeral homes, medical or dental laboratories, photographic studio, fortune-telling, outdoor repair, food processing, sale of antiques, retail sales, nursery school or kindergarten, and any other activity similar to any of the activities listed herein. No prohibited land use shall be approved as a home occupation. The giving of group instruction shall not be deemed a home occupation, however the giving of individual instruction to one person, such as an art or piano teacher, shall be deemed a home occupation, provided, however, that these provisions shall apply to prohibiting individual instruction as a home occupation for those activities listed in above. Home schooling by residents for their own children shall not be considered a home occupation. Fabrication of articles such as are commonly classified under the terms "arts and

handicrafts" may be deemed a home occupation, subject to the other terms and conditions of this definition.

- H) Any person desiring to conduct a home occupation in a district where such use is permitted shall first apply to the City Manager or designee for such home occupation permit and shall pay any fee for such permit as set by resolution of City Council. Such application shall be on a form prepared by the City, and shall include, at a minimum, the following information:
- 1) Name of applicant.
  - 2) Location of residence wherein the home occupation, if approved, will be conducted.
  - 3) Total floor area of the first floor of the residence.
  - 4) Area of the room or rooms to be utilized for the conduct of the home occupation.
  - 5) A sketch showing the floor plan and the area thereof to be utilized for the conduct of the home occupation.
  - 6) The nature of the home occupation sought to be approved.
  - 7) Affidavit by applicant attesting to the validity and accuracy of the application and affirming understanding of the home occupation requirements.
  - 8) Any additional information to ensure that all application materials are complete and clear. An incomplete or unclear application shall provide justification to deny an application
  - 9) If any home occupation requires a permit from the State of Florida or any agency thereof, the applicant shall provide a current, valid copy of any such permit or license before any such occupation shall be conducted. Any such license or permit from the State or any agency thereof shall be kept active and current as a condition of retaining the home occupation permit of the City, and the duplicate copy shall be filed with the City Manager or designee at the time of all subsequent renewals.
  - 10) If the home is in a neighborhood with a homeowners' association, a letter from the HOA Board granting approval of the applicant's request for a home occupation, if such is required by HOA documents.
- I) A home occupation inspection may be conducted upon reasonable notice by the City to verify information in the application, and, applicants shall consent to entry on his/her property by the City upon reasonable notice to inspect for compliance with this Article. Any time after a home occupation permit is issued, the City may conduct an inspection upon reasonable notice only for the purpose of determining compliance with this Section.
- J) Upon compliance with the foregoing procedure, the City Manager or designee shall issue a permit for such home occupation. The City Manager or designee may add special conditions to the home occupation permit related to the operation of the business to ensure compliance with this Article. Any home occupation permit may be reviewed and/or revoked by the City Council.
- K) Any denial of a home occupation permit by the City Manager or designee may be appealed pursuant to the provisions of the Article.
- L) The Code Enforcement Board shall determine violations, fines, or penalties for violations of this Article relating to home occupations. Such violations shall be treated as an unpermitted use within the zoning classification. The Code Enforcement Board shall have the authority to revoke home occupation permits.
- M) A home occupation shall be subject to all applicable City occupational license and other business taxes.



## **Sign Regulations for a Home Occupation**

For each residence, business, or other occupancy within the city, once attached wall nameplate sign may be displayed. For each residence the nameplate or occupant identification shall not exceed 2 square feet in sign area. Sign permits are not required for such sign identification.

## EXEMPTIONS FROM THE BUSINESS TAX RECEIPT IF APPLICABLE

(Please check one if applicable)

### **F.S. 205.162: Exemption for certain disabled persons, the ages, and widows with minor dependents**

All disabled persons physically incapable of manual labor, widows with minor dependents, and persons 65 years of age or older:

- With no more than one employee or helper, and who uses their own capital only, not in excess of \$1,000.00, shall be allowed to engage in any business or occupation in counties in which they live without being required to pay for a business receipt.
- The exemption provided by this section shall be allowed only upon the certification of a reputable physician, stating that the applicant claiming the exemption is disabled, along with the nature and extent of the disability.
- In case the exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the right exemption shall be made.

### **F.S. 205.192: Charitable, etc., organizations; occasional sales; Fundraising: exemption**

- No business tax receipt shall be required of any charitable, religious, fraternal, youth civic, service, or other such organization when the organization makes occasional sales or engages in fundraising projects when the projects are preformed exclusively by the members thereof and when the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization.

### **F.S. 205.171: Exemptions allowed disabled veterans or their un-remarried spouses**

- Any permanent resident of Florida who served during any of the specified periods (identified in s.1.01(14) who was honorably discharged from any of the United States Armed forces, and who at the time of his or her application for a business tax receipt is disabled from performing manual labor shall be entitled to an exemption up to \$50 on any tax receipt engage in any business or occupation in the state which may be carried on mainly through the personal efforts of the applicant as a means of livelihood when the state, county, or municipal tax receipt for such business or occupation.
- If the business tax exceeds the sum of \$50, the remainder of such business tax in excess of \$50 shall be paid.
- Such license shall be marked "Veterans Exempt Receipt" – "Not Transferable"
- The proof may be made by establishing to the satisfaction of such tax collecting authority by means of a certificate of honorable discharge or certified copy that the applicant is a veteran which; may include one or more of the following.

**A) Certificate of government- rated disability to an extent of 10% or more:**

**B) The affidavit or testimony of a reputable physician who personally knows the applicant stating the applicant is disabled from performing manual labor as a means of livelihood;**

**C) The certificate of the veteran's service officer of the county in which applicant lives attesting the fact that the applicant is disabled and entitled to receive a tax receipt within the meaning and intent of this section;**

**D) Pension certificate issued to him or her by the United States by reason of such disability; OR**

**E) Any other reasonable proof to establish the fact that such applicant is so disabled.**