



**CITY OF ALTAMONTE SPRINGS**  
225 Newburyport Avenue  
Altamonte Springs, FL 32701-3697  
(407) 571-8116

**TO THE APPLICANT:**

Attached is the City of Altamonte Springs Business Tax Receipt Application packet.

**PLEASE NOTE - YOUR BUSINESS TAX RECEIPT(S) CANNOT BE ISSUED WITHOUT THE FOLLOWING REQUIREMENTS:**

1. The application must be completed **IN FULL**.
2. Payment of business tax **AND** application fee **AND** any penalties imposed. **FOR FEES, CALL 407-571-8116.**
3. The Ownership Information Form must include FULL and COMPLETE information on the corporate officers (corporations) and partners (partnership). **Florida Statute 205.0535(5) requires that " NO BUSINESS TAX RECEIPT SHALL BE ISSUED UNLESS THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS OBTAINED FROM THE PERSON TO BE TAXED". Social Security Number Collection policy is below.**
4. If your business or profession requires a state license, a copy of that license must be attached to your application.
5. Your Fictitious Name Registration Number or reason for exemption must be completed on the application.
6. Transfers of ownership must include a copy of the Bill of Sale or transfer documents.

Submittal of this application for a City Business Tax Receipt does not permit the applicant to operate or engage in any type of business, profession or occupation until the City Clerk issues the Business Tax Receipt. When the proper approvals have been secured, your Business Tax Receipt(s) will be issued.

**TRANSFERS:** If there is **ANY CHANGE** in your business name, location (including suite) or ownership, an application must be submitted for transfer of your Business Tax Receipt(s), within 30 days of the change. Your current Business Tax Receipt must be surrendered prior to issuance of your new Business Tax Receipt. A transfer fee of 10% of each annual business tax, but not less than \$3 nor more than \$25 shall be required. A 25% penalty of each annual business tax will be applied if the transfer application is not received within 30 days of the change.

**ATTENTION: ANY PERSON, FIRM OR CORPORATION WHO SHALL ENGAGE IN ANY BUSINESS, PROFESSION OR OCCUPATION PRIOR TO OBTAINING A BUSINESS TAX RECEIPT SHALL BE SUBJECT TO PENALTIES IN ACCORDANCE WITH CITY CODE SECTION 19-13(b).**



# OWNERSHIP INFORMATION

PLEASE TYPE OR PRINT CLEARLY

## INDIVIDUAL OR BUSINESS SOLE OWNER

OWNER NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DRIVERS LIC. NO. \_\_\_\_\_

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## CORPORATION/LLC/LP/P.A.:

CORPORATE NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ STATE \_\_\_\_\_

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## PARTNERS/CO-OWNERS OR CORPORATE OFFICERS:

NAME \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_

\*\*\*\*\*

NAME \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_

\*\*\*\*\*

NAME \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_

# ASPD ALARM REGISTRATIONS - BUSINESS

(FOR PD ADMINISTRATIVE USE ONLY)

City of Altamonte Springs - Police Department  
225 Newburyport Avenue  
Altamonte Springs, FL 32701  
Alarm Coordinator: (407) 571-8208 Fax: (407) 571-8209  
E-Mail: [tsammons@altamonte.org](mailto:tsammons@altamonte.org)

FAA# \_\_\_\_\_

**ALL LINES MUST BE PROPERLY FILLED IN OR THIS REGISTRATION WILL BE RETURNED**

Business Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
City, State Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Do You Have a Security Sytem? ?  
 YES  NO

Alarm Co. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

### Mailing information if different from Business:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, FOR WEEKENDS OR AFTER BUSINESS HOURS, PROVIDE ASPD, **IN ORDER OF PRIORITY**, NAMES AND NUMBERS OF THREE (3) **LOCAL** CONTACTS WHO CAN BE CALLED IN CASE OF ALARM OR OTHER EMERGENCY:

Print Name	_____	Phone	( ) _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Bus
Print Name	_____	Phone	( ) _____	<input type="checkbox"/> cell	<input type="checkbox"/> Home	<input type="checkbox"/> Bus
Print Name	_____	Phone	( ) _____	<input type="checkbox"/> cell	<input type="checkbox"/> Home	<input type="checkbox"/> Bus

I UNDERSTAND THAT PURSUANT TO CHAPTER 5 OF THE CITY CODE OF ALTAMONTE SPRINGS, I AM RESPONSIBLE FOR ALL SERVICE FEES CHARGED FOR FALSE ALARMS, AND FOR ALL COSTS AND ATTORNEY'S FEES INCURRED BY THE CITY IN COLLECTING THEM.

I AGREE THAT WHEN I VACATE THESE PREMISES, OR WHEN THIS FORM IS FOR ANY REASON NO LONGER VALID, I WILL IMMEDIATELY NOTIFY, IN WRITING, THE ALTAMONTE SPRINGS POLICE DEPARTMENT.

I UNDERSTAND THAT I WILL CONTINUE TO BE RESPONSIBLE FOR ALL SERVICE FEES FOR FALSE ALARMS AND ALL ATTORNEY'S FEES AND COSTS FOR THESE PREMISES UNTIL THE ALTAMONTE SPRINGS POLICE DEPARTMENT HAS...(1) A NEW REGISTRATION FORM ON FILE, OR (2) BEEN NOTIFIED THAT THE SECURITY / ALARM SYSTEM AT THESE PREMISES HAS BEEN DISCONNECTED OR REMOVED

Authorized Signature \_\_\_\_\_ Title:  Business Owner  Employee  
 Business Manager

"Print" name of Signature Above

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CITY OF ALTAMONTE SPRINGS  
SOCIAL SECURITY NUMBER COLLECTION POLICY  
NOTICE**

**STATEMENT OF POLICY:**

The following is established by the Altamonte Springs City Commission by Resolution #1170 as the policy of the City of Altamonte Springs for the collection of social security numbers. This policy is effective January 22, 2008.

The City of Altamonte Springs collects your social security number for the following purposes:

- CLASSIFICATION OF ACCOUNTS
- IDENTIFICATION AND VERIFICATION
- CREDIT WORTHINESS
- BILLING AND PAYMENTS
- BANK DRAFT AUTHORIZATIONS
- DATA COLLECTION
- RECONCILIATION
- BENEFIT PROCESSING
- BUSINESS TAX RECEIPT APPLICATIONS (per FS 205.0535(5))
- TAX REPORTING
- BENEFIT PROCESSING
- NEW UTILITY ACCOUNT APPLICATIONS
- VENDOR REGISTRATION APPLICATIONS
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

This social security policy statement has been prepared by the City of Altamonte Springs in compliance with Section 119.071(5) Florida Statutes, (2007)



## **HOME OCCUPATION DEFINITION/RESTRICTIONS**

**Adopted February 6, 2007  
Ordinance No. 1565-07**

### **3.44.27 HOME OCCUPATIONS (LAND DEVELOPMENT CODE)**

Home occupations are to be conducted entirely within a dwelling unit, and are subject to all of the following regulations and limitations:

- (a) No person other than members of the family residing on the premises shall be engaged in such occupation.
- (b) Home occupations shall be limited to office use only and preclude outdoor storage and vehicle parking caused by the home occupation.
- (c) 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 thereof;
- (d) There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation;
- (e) No home occupation shall be conducted in any accessory building;
- (f) No home occupation shall occupy more than 20 percent of the first-floor 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. No rooms which have been constructed as an addition to the residence, nor any attached porch or garage which has been converted into living quarters, shall be considered as floor area for the purpose of this definition until two years after the date of completion thereof, as shown by the records of the city building and life safety services division;

- (g) No traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in a required front yard;
- (h) No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses 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;
- (i) The following shall not be considered home occupations: Beauty shops, barber shops, band instrument or dance instruction, swimming instruction, studio for group instructions, public dining facility or tearoom, antique or gift shop, photographic studio, fortunetelling or similar activity, outdoor repair, food processing, retail sales, nursery school, kindergarten, or the giving of group instruction of any type.
- (j) A home occupation may include the giving of individual instruction to one person at a time such as an art or piano teacher; however, individual instruction as a home occupation for those activities listed in subparagraph (i) above shall be prohibited.
- (k) 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, and providing no retail sales are made at the home;
- (l) A home occupation shall obtain a business tax receipt.

*(Ord. No. 1344-99, § 18, 12-5-00; Ord. No. 1565-07, § 7, 2-6-07)*