

# City of Melbourne



## The Harbor City

Financial Services – Revenue Office

900 E. Strawbridge Avenue • Melbourne, FL 32901 • (321) 608-7038 • Fax (321) 608-7199

### HOME BUSINESS TAX RECEIPT STIPULATION, City Code, Appendix B, Article VII, Section 2, (D)

I, \_\_\_\_\_, (please print full legal name) fully understand that the issuance of a business tax receipt at the property located at \_\_\_\_\_ (please print property address) in the City of Melbourne, Florida, for the purpose of conducting a business is subject to the following stipulations:

1. Only office or professional uses are allowed.
2. No employees, other than the immediate family residing on the premises, shall engage in the home-based business.
3. Consumer walk-in or drive-in business is not permitted.
4. Delivery of products for storage or sale at the home is prohibited.
5. Signs advertising the business or related to it may not be located on the premises.
6. Display of goods or equipment visible from the street or adjacent properties is not permitted.
7. Structures must not be altered to change the residential character of the home or premises.
8. The business must clearly be accessory to the residential use and may not be located in any accessory structure, garage, or carport.
9. Equipment, chemicals, or processes that generate any noise, vibration, odor, glare, fumes, radio/TV signals, or electrical interference are not allowed in conjunction with a business in a home.
10. No receipt will be issued in a location if there is an existing violation of a City ordinance.

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

Type of Business to be conducted: \_\_\_\_\_

Necessary Products or Equipment: \_\_\_\_\_

Where will they be stored? \_\_\_\_\_

How will they be sent to and from the home? \_\_\_\_\_

**APPLICANT:** Under penalties of perjury, I declare that I have read the foregoing home business tax receipt stipulation and that I have read and understand all restrictions and conditions contained herein. I also understand that by signing this form, I am authorizing the City to make periodic inspections of the property and areas used for the home-based business.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

#### STATE OF FLORIDA COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires: \_\_\_\_\_

\*\*\*\*\*  
**FOR THE PROPERTY OWNER:** I hereby swear I am the lawful owner of the above said property. I understand that the above person (applicant) is seeking a business tax receipt at my property for the purpose of conducting the above stated business and hereby consent to the same. I covenant that all City of Melbourne requirements for the property will be met. I agree to permit City Inspectors to make reasonable inspections of the property.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

#### STATE OF FLORIDA COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires: \_\_\_\_\_