



Office of the City Manager
110 E. Main Street
Avon park, Florida 33825

LOCAL BUSINESS TAX RECEIPT APPLICATION FOR A HOME BUSINESS

OWNER INFORMATION

Name: _____	Phone Number: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
DOB: _____	SS#: _____	
Driver's License: _____		



CITY OF AVON PARK
Highlands County, Florida

Office of the City Manager
110 East Main Street
Avon Park, Florida 33825

**LOCAL BUSINESS TAX RECEIPT APPLICATION
FOR A HOME BUSINESS**

Applicant Name: _____ Phone Number: _____

Address: _____

Legal description and parcel identification number: _____

Total floor area of the dwelling unit: _____

Total floor area of the room(s) to be used in the conduct of the home business: _____

Number of vehicular trips generated by the home business: _____

Number of employees and/or volunteer workers and their relationship to the applicant: _____

Type of merchandise to be stored or displayed: _____

Please explain in detail the exact nature of your home business, including the tasks you will perform in and away from your home: _____

I certify the information contained herein is true and correct. I understand that if any portion is false or misrepresented, it may be cause for immediate revocation of zoning approval.

Signature of application: _____ Date: _____

Please attach:

1. *Notarized letter of approval for home business from the property owner or property manager.*
2. *A sketch with dimensions showing the floor plan of your home and the area to be used in the conduct of your home business.*
3. *Legal description.*
4. *Copy of Highlands County Property Appraiser's Map showing subject property and all surrounding property within a 100-foot radius of subject's property.*
5. *Certified survey of subject property (at the City Manager's discretion)*
6. *Signature of ALL property owners within 100 feet on a petition indicating there is no objection to the home business.*