Venice of America

CITY OF FORT LAUDERDALE

700 N.W. 19TH AVENUE, FORT LAUDERDALE, FL 33311

AFFIDAVIT REGARDING BUSINESS TAX
UTILIZING HOME ADDRESS

BUSINESS I.D. _____

RECEIPT NUMBER_____

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF FORT LAUDERDALE

BEFORE ME, the undersigned authority, personally appeared _____
(Applicant name, please print)

And being duly sworn and deposed, says as follows:

1. The name and nature of my business is : _____

_____

2. My residence address is (street/city/state/zip): _____

_____

Phone Number: _____

3. I am the applicant for which application is being made to utilize a **HOME ADDRESS** as the business address for a business.

SEC. 47-19.7. Home Business

A. **A home business is an occupation, which is conducted in a residential dwelling, which is subordinate to the use of the dwelling as a residence. A home occupation may be permitted as an accessory use to any residential use subject to the following restrictions:**

1. The Business is carried out by only the person(s) residing on the premises.
2. There is no external evidence of the business such as the display, use or storage of any goods, materials or equipment or exterior advertising or signage of any type or nature, which is visible from the exterior of the residence.
3. No product or service shall be sold or offered for sale from the residential dwelling.
4. The business shall not occupy more than on-quarter (1/4) of the area of one (1) floor of the principal structure thereof, nor be carried on in any accessory or secondary.
5. No traffic shall be generated by the conduct of such home business by other than those persons residing on the premises.
6. No equipment or manufacturing process shall be used in such home business which creates noise, vibration, glare, fumes, or odor, which is detectable from the exterior of the residential dwelling in which the home occupation is being conducted.
7. I UNDERSTAND all of the foregoing statements and I further understand that I may be subject to citation, hearing and fines if I am found to be in violation of any of these conditions.

_____
(Applicant's Signature)

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this ____ day of _____ 20 13 by _____, as _____, of _____ a _____. Who are ☐ personally known to me or ☐ have produced _____ as identification.
(SEAL)

_____
Notary Public, State of Florida (Signature of Notary taking Acknowledgment)

_____
Name of Notary Typed, Printed or Stamped

My Commission Expires:_____ Commission Number: _____