

**CITY OF FORT LAUDERDALE  
BUSINESS TAX AFFIDAVIT UTILIZING HOMES ADDRESS**

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: \_\_\_\_\_  
(Must provide proof of residency-Driver's License/Utility Bill/Voter's Registration)
3. Phone Number: \_\_\_\_\_
4. Total Square Footage of residence: \_\_\_\_\_ Square Footage to be occupied by business: \_\_\_\_\_
5. I am the applicant for which application is being made to utilize a **Home Address** as the business address for a City of Fort Lauderdale Business Tax Receipt.

**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 one-quarter (1/4) of the area of one (1) floor of the principal structure thereof, nor be carried on in any accessory or secondary building.
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 \_\_\_\_\_:  
COUNTY OF \_\_\_\_\_:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_. Who are personally known to me \_\_\_\_\_ OR have produced \_\_\_\_\_ as  
identification.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name of Notary Typed, Printed or Stamped)

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