



<b>STAFF USE ONLY</b>
Control No. _____
License No. _____
Date Issued _____

**TOWN OF HAVERHILL**  
**PERMITTING AND LICENSING DEPARTMENT**  
4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 Ext. 2

**Home Business Tax Receipt Application & Affidavit**

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

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Home Occupation:** \_\_\_\_\_

**Names of family members working at this home occupation:**

\_\_\_\_\_  
\_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Property Owner's Address:** \_\_\_\_\_

I hereby certify that the information given in this application is true and correct and that I agree to comply with standards set forth by the Town of Haverhill and to comply with the conditions imposed by the Town to insure compliance with such standards. I acknowledge that a departure there from may result in possible code enforcement action and/or revocation of Business Tax Receipt. I acknowledge that the Town shall have the right to reasonably inspect the premises upon which this home business is conducted to insure compliance with the attached standards and conditions, and to investigate complaints, if any, from neighbors.

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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**OFFICE USE ONLY:**

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LICENSE AMOUNT:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_ **PAID BY CHECK #** \_\_\_\_\_ **OR CASH**

## **Standards and Conditions**

**PLEASE READ THE FOLLOWING REQUIREMENTS FOR A HOME BASED BUSINESS. IF YOU FALL WITHIN THESE GUIDELINES, PLEASE SIGN THIS AFFIDAVIT STATING THAT YOU AGREE TO COMPLY WITH THESE STANDARDS AND CONDITIONS.**

- 1) No person shall be employed in a home business who is not a permanent domiciliary resident of the dwelling unit in which the home business exists.
- 2) The floor area within a dwelling unit devoted to a home business shall not exceed 25 percent of the gross floor area of the dwelling unit excluding porches, garages, carports, and other areas which are not considered living area.
- 3) The activities of a home business shall occur entirely within the dwelling unit, excluding accessory structures such as garages, carports and sheds.
- 4) There shall be no external evidence of the existence of a home business within a dwelling unit. Signs, displays, off-street parking areas other than driveways normally required for residential use, or other advertising of any kind are prohibited.
- 5) No goods of any kind shall be sold or transferred to a customer, consumer or client on the premises of a home business, excluding facsimile machine, telephone and /or postal transactions.
- 6) A home business shall not create noise, vibration, glare, fumes, odors, dust, smoke or electro-magnetic disturbances. No equipment or processes shall be used which create visual or audible interference in any radio or television receiver located nearby. No chemicals or chemical equipment shall be used, except those that are used for domestic or household purposes.
- 7) Vehicular and pedestrian traffic shall not be generated by a home business in a greater volume or a different vehicle type than the traffic typical in a residential neighborhood in the city.
- 8) Deliveries of any kind required by a made to the premises of a home business shall not exceed one business delivery per day.

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**AFFIDAVIT**

I, \_\_\_\_\_ have read the above home business standards and conditions, #1 – 8. I agree to comply with these requirements. In the event that my home business no longer complies with these requirements, I am aware that the business will need to be moved to a different location that will meet correct zoning requirements or the Business Tax Receipt issued to my home business shall be revoked.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Nature of Home Business

## **Home Business Tax Receipt Checklist**

**Please be sure to have all of the following items attached to ensure accuracy. Please place N/A for the item(s) that are not applicable.**

1. \_\_\_\_\_ Copy of the County license.
2. \_\_\_\_\_ Copy of the Worker's Compensation and Liability (if applicable).
3. \_\_\_\_\_ Copy of the Insurance (if applicable).
4. \_\_\_\_\_ Copy of the State Certification (if applicable).