

**CITY OF EDGEWATER
FINANCE DEPARTMENT**

104 North Riverside Drive
P.O. Box 100
Edgewater, Florida 32132
customerservice@cityofedgewater.org
Phone: (386) 424-2400 FAX: (386) 424-2409



**CERTIFICATE OF USE/BUSINESS
TAX RECEIPT**

Date: _____

PLEASE READ INFORMATION PROVIDED

Per Chapter 11, Section 11-9(a) of the City of Edgewater Code of Ordinances, no person, firm or corporation shall engage in or manage any business, profession, trade, amusement or industry in the city, without first making application and having procured a Certificate of Use and a Business Tax Receipt for each location or premise. Certificates of Use shall not be issued until a new business inspection is completed at the location or premise and found to comply with all requirements of the code of the city and all applicable laws and regulations.

Business Name: _____

Business Address: _____

Business Mailing Address (if different): _____

Business Owner's Name: _____

Applicant's Name and title (if different than owner): _____

Local Business Phone: _____ Emergency Phone: _____

Local Emergency Contact: _____

Type of Ownership (Sole Proprietor, Corporation, Partnership, etc.) _____

State License Number –if applicable (**attach copy**): _____

Email Address: _____

Do you wish to receive the City's monthly email newsletter geared towards Edgewater businesses: YES NO

Florida Drivers License Number (**attach copy of D.L.**): _____

Tax Exemption/ Veterans Claim Number (circle one - if applicable) _____

Federal Employee Identification Number: _____

Square footage of Building/Unit: _____

Property Owner's Name (if different than Business Owner): _____

Property Owner's Mailing Address: _____

Property Owner's phone number: _____

Business Description: _____

Has location been previously licensed with the City of Edgewater? YES NO If yes, what type of business (include business name if known)? _____

Has location been vacant for any period of time? YES NO

If yes, for how long? ____ YEARS ____ MONTHS

Does property have access to an improved roadway: YES NO

Does Location Have an Alarm System: Yes No- ***If yes, alarm must be registered with the City.***

Number of paved parking spaces provided. _____ Number of Handicapped spaces _____

Number of Employee's (including self) _____ Will commercial vehicles and/or equipment be parked and/or stored at this location: YES NO If yes, please list the number and type of vehicles and/or equipment: _____

Is there any proposed signage for this location? YES NO If yes, a sign permit must be applied for from the Building Department.

Is any remodeling, electrical or plumbing work being done to this building/unit? YES NO

Building Permit # _____

Building/ Unit Square Feet: _____

Merchants: Approximate Inventory in Dollars: _____

Automobile New/ Used Car Sales: Total Parking Spaces: _____

Restaurants / Lounges: # Seats _____ # Bar Stools _____ Live Entertainment _____ Alcohol Served _____

School / Day Care: # Students _____ # Staff _____

Automobile Service / Repair / Gas Station: # Bays _____ # Pumps _____

Pool Hall / Billiards: # Tables _____ # Coin/Credit Card/Token Operated Machines (not vending) _____

Any vending machines on Premises? Yes How many? _____ No

Storage of hazardous Materials: Yes No (*If Yes, Attach Material Safety Data Sheets*)

Exemption for Fictitious Name Registration Requirement

I am exempt from the requirements of the Fictitious Name Act for my business _____ for the reason listed below: _____ (Business Name)

I am using my **full legal name** (first and last) in my business name.

I am a **Corporate Officer**, part of a **Limited Liability Corporation**, or a **Registered Partner** in a Corporate Partnership my Corporate Name is my Business name, and my corporation is in Good Standing with the Florida Division of Corporations.

I am **Registered or Licensed with the Florida Department of Business & Professional Regulation**.

I am **Registered or Licensed with the Florida Department Health**.

I am an **Attorney licensed with the Florida Bar Association**, forming a business for the practice of law.

Other _____

Attached proof of my exempt status (i.e. Certificate of Incorporation, State License, etc.)

COMMERCIAL/INDUSTRIAL QUESTIONNAIRE

Is Unit/Property on a septic system? YES NO (If yes, Approval for existing septic system must be obtained through the Volusia County Health Department prior to issuance of Certificate of Use.)

Will Industrial Waste Water be introduced into Sewer System? YES NO

Type of Business: **Industrial** **Commercial** **Manufacturing** **Other**

(a) Total number of employees: 0-5 6-15 16-50 51-100 101-300 300+

What type of operating permits does your facility currently have?

State/Federal Hazardous Waste State/Federal Air Quality NPDES/ Storm water
 City of Edgewater Industrial Pretreatment Permit Other: _____
 None

Are any wastes hauled off site: Yes No If yes, please indicate the type of waste:

Acid/Alkalies Solvents Heavy Metal Oil & Grease Paint
 Radioactive Pesticides Other: _____

Anticipated start date of first discharge _____

Estimate the volume of water used at your facility: _____ gallons per day

Estimated volume of wastewater discharged to the sanitary sewer: _____ gallons per day

Where is Potable water used in the facility (check all that apply):

Process/ Production Broiler feed water Non-contact cooling Sanitary
 Irrigation Fire Sprinkler Equipment Cleaning Other: _____
 None

For each potable water line supplying this facility is there a backflow prevention device present?

Sanitary/ Process /Production / Equipment cleaning YES NO

Irrigation YES NO

Fire Sprinkler YES NO

Does the facility treat wastewater prior to discharge YES NO

(b) If yes, please describe: _____

ALL INSPECTIONS MUST BE COMPLETE AND THE PREMISES MUST BE FOUND IN COMPLIANCE WITH ALL CITY AND/OR STATE CODES PRIOR TO THE ISSUANCE OF A CERTIFICATE OF USE AND BUSINESS TAX RECEIPT. I UNDERSTAND THAT ANY INSPECTION TRIP MADE NECESSARY BY THE RESPONSIBLE PARTY OR REPRESENTATIVE'S FAILURE TO APPEAR, SHALL IN ADDITION TO ANY OTHER FEES, BE CHARGED AN ADDITIONAL PROCESSING FEE IN THE AMOUNT OF \$15.00.

I DO HEREBY SWEAR OR AFFIRM THAT THE STATEMENTS MADE BY ME IN THE APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE CERTIFICATE OF USE IS VALID ONLY FOR USES FOR WHICH A VALID CERTIFICATE OF USE AND BUSINESS TAX RECEIPT HAS BEEN OBTAINED (EXCEPT WHERE EXPRESSLY STATED). THE PERMIT/RECEIPT HOLDER IS RESPONSIBLE FOR COMPLIANCE WITH ALL CITY, STATE AND FEDERAL REGULATIONS.

BUSINESS TAX RECEIPTS AND CERTIFICATES OF USE EXPIRE ON SEPTEMBER 30 OF EACH YEAR. IT IS THE SOLE RESPONSIBILITY OF THE APPLICANT TO ENSURE LICENSE IS RENEWED.

APPLICANT'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

(Notary Seal)

FOR OFFICE USE ONLY

Industrial Pretreatment Permit Application Needed? Yes No

If yes, date sent to applicant _____