

23666 NW 185<sup>th</sup> Road  
High Springs, Florida 32643



Telephone: (386) 454-7322  
Facsimile: (386) 454-2126  
Web: [www.highsprings.us](http://www.highsprings.us)

**APPLICATION FOR BUSINESS LICENSE TAX RECEIPT**

DATE RECEIVED BY CITY REPRESENTATIVE: \_\_\_\_\_

**NOTE:** This form provides information supporting an application for a Business License or a Home Occupation License, pursuant to High Springs Code of Ordinances. **THIS IS NOT A LICENSE. DO NOT COMMENCE BUSINESS ACTIVITY UNTIL LICENSE IS APPROVED AND ISSUED.**

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

Business Address: \_\_\_\_\_ Authorization Requires? Yes / No

Mailing Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

**BUSINESS CLASSIFICATION:** (Check One)

\_\_\_\_\_ Peddler; Mobile Vendor; Mobile Trades/Person (without specific location)

\_\_\_\_\_ Vendor (with specific location)

\_\_\_\_\_ Home Occupation

\_\_\_\_\_ Commercial Business

\_\_\_\_\_ Professional Business

\_\_\_\_\_ Industrial Business

**DESCRIBE BUSINESS ACITIVITY:** \_\_\_\_\_

**BUSINESS TYPE:** (Check one and insert operating name of business)

\_\_\_\_\_ Proprietorship

\_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation \_\_\_\_\_ Charter No. \_\_\_\_\_

Name of Registered Agent, President, General Partner, or Manager: \_\_\_\_\_

**REGULATED PROFESSIONALS:** NOTE – All Contractors and Professionals regulated by the Florida Department of Professional Regulations (DPR) must attach copy of Valid License.

**APPLICANTS ACKNOWLEDGEMENT:** I HEREBY ACKNOWLEDGE THAT A SAFETY INSPECTION OF THE COMMERCIAL/INDUSTRIAL LOCATION IS REQUIRED AND THAT ANY DEFICIENCIES CITED MUST BE CORRECTED TO COMPLY WITH ALL APPLICABLE CODES BEFORE THE REQUESTED LICENSE WILL BE ISSUED. I AGREE TO MAKE THE PROPERTY ACCESSIBLE FOR INSPECTION ON THE DATE SCHEDULED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PAGE TWO**  
**FOR CITY OF HIGH SPRINGS PLANNING & ZONING OFFICIAL'S USE**

Date being processed: \_\_\_\_\_

Property address: \_\_\_\_\_

Tax Parcel # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Applicable Zoning "Table of Uses" Designation: \_\_\_\_\_ (LDC Section 16.06 {5}).

License Code No. \_\_\_\_\_ Description: \_\_\_\_\_ (ORD. 92-4).

Complies with Comprehensive Plan?

\_\_\_\_\_ Complies with Current Zoning? If special conditions, list: \_\_\_\_\_

\_\_\_\_\_ If "Home Occupation", complies with LDC Section 16.06(5) "Use" 1.18?

\_\_\_\_\_ Safety Inspection Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Inspection Date: \_\_\_\_\_; In Compliance: Yes \_\_\_\_\_ No \_\_\_\_\_

Reinspection Date: \_\_\_\_\_; In Compliance: Yes \_\_\_\_\_ No \_\_\_\_\_

(ATTACH ALL INSPECTORS' REPORTS CONFIRMING DEFICIENCIES AND CORRECTIONS COMPLETED)

\_\_\_\_\_ Required Supporting Documents?

Building Permit and/or Health Department Permit(s)? \_\_\_\_\_

Fictitious Name Registration \_\_\_\_\_

"DPR" License \_\_\_\_\_

Corporate Charter or Partnership Registration Number \_\_\_\_\_

Sign Permit \_\_\_\_\_

Alarm System Registration \_\_\_\_\_

High Springs Police Department Emergency Information \_\_\_\_\_

APPROVED FOR ISSUANCE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ZONING OFFICIAL: \_\_\_\_\_

\*\*\*\*\*

License Cost \$ \_\_\_\_\_ Date: \_\_\_\_\_ Processing Employee: \_\_\_\_\_

License # \_\_\_\_\_ Customer # \_\_\_\_\_

Account # \_\_\_\_\_ Lot # \_\_\_\_\_

(ATTACH COPY OF PRINTED CITY OF HIGH SPRINGS BUSINESS LICENSE TAX RECEIPT)

# **BUSINESS LICENSE REQUIREMENTS**

## **PLEASE RETURN APPLICATION AND ALL REQUIRED DOCUMENTS TO THE BUILDING DEPARTMENT FOR REVIEW / PROCESSING**

- **Copy of Drivers License**
- **Copy of Corporate or other enabling documents of fictitious name certification form the State of Florida if doing business as other than an individual.**
- **Copy of a signed lease agreement or written authorization from the property owner, if you do not own the property.**
- **Copy of State license certification or regulation, if required by the State.**
- **General Contractors must have proof of liability insurance and workers compensation or proof of exemption from workers compensation insurance.**
- **Payment is due at the building department.**
- **All checks are made payable to the City of High Springs.**



### **BUSINESS LICENSING – ADDITIONAL INFORMATION**

1. **LOCATION:**

Is your proposed location zoned for the type of business you wish to open?  
If yes, go to 2. If no, consider rezoning or another location.

2. **OWNERSHIP:**

Are you the owner of the property? If yes, go to 3.  
If no, obtain a letter of authorization from the property owner which states you have permission to operate your business there and who is responsible for the City utility account (landlord or tenant).

3. **BUSINESS USE:**

Is your business exactly the same type as the most recent business at this location or allowable under LDC Table 2.02.01? If yes, go to 4.  
If no, apply for a Provisional or Special Use, a Special Exception or a Conditional Use.

4. **BUSINESS NAME:**

NOTE: If you operate a business under any name other than your personal legal name, you must obtain a fictitious name registration, or corporate charter name and number, or registered partnership agreement.

Is your business name a fictitious name? If yes, attach a copy of the letter of registration from the Florida Dept. of State; or Articles of Incorporation showing name, number, and officers of the corporation; or registration of your partnership.  
If no, apply for name registration.

5. **BUSINESS LICENSE:**

Obtain an application form from Building dept. (or on-line). Complete and submit for processing.

Your business location may have to be inspected by the City's Code Enforcement Officer and/or the Fire Chief; and subsequently may require a building permit to correct problems or codes violations. Contact Building Dept. for the procedure to follow in this case.

Some types of businesses require

licensing or permitting by a State or Federal Agency. Attach copy of license to your *Business License Application*.

**Food Service:**

Restaurant – obtain approval from the Alachua County Health Department. Obtain the proper license from the State of Florida Hotel and Restaurant Commission. Attach copy to your *Business License Application*.

Mobile Food Cart – obtain inspection and proper license from the State of Florida Hotel and Restaurant Commission. Attach copy to your *Business License Application*.

Other – obtain proper license from State of Florida Hotel and Restaurant Commission or Department of Agriculture and Consumer Services. Attach copy to your *Business License Application*.

### Home Occupation:

If you are applying for a home occupation, see the section below from the City of High Springs Land Development Code

Home Occupation – defined (LDC page 401)

An occupation carried on in a dwelling unit by the resident thereof; provided that the use is limited in extent and incidental and secondary to the use of the dwelling unit for residential purposes and does not change the character thereof [GB14].

Home Occupations (LDC Section 7.09.15)

A home occupation shall be allowed in a bona fide dwelling unit, subject to the following requirements:

- a. No persons other than members of the family residing on the premises shall be engaged in such occupation.
- b. The use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and shall under no circumstances change the residential character of the structure.
- c. There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation, other than one sign not exceeding two square foot in area, non-illuminated, mounted flat against the wall of the principal building at a position not more than two feet from the main entrance of the residence.
- d. No home occupation shall occupy more than 25% of the floor area of the dwelling unit.
- e. No accessory building shall be used for a home occupation.
- f. No traffic shall be generated by such occupation in greater volumes than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in a front yard required pursuant to this Code.
- g. No equipment, tools, or process shall be used in such a home occupation which creates interference to neighboring properties due to noise, vibration, glare, fumes, odors, or electrical interference. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio, telephone, or television receivers off the premises or causes fluctuations in line voltage off the premises.
- h. Fabrication of articles commonly classified under the terms arts and handicrafts may be deemed a home occupation, subject to the other terms and conditions of this definition, and providing no retail sales are made at the home.
- i. Outdoor storage of materials shall not be permitted.
- j. The following shall not be considered home occupations: beauty/barber shops, band instrument or dance instructors, swimming instructor, studio for group instruction, public dining facility or tea room, antique or gift shop, photographic studio, fortune telling or similar activity, outdoor repair, food processing, retail sales, nursery school, or kindergarten.
- k. The giving of individual instruction to one person at a time such as an art or piano teacher, shall be deemed a home occupation.

6. UTILITIES: Once you have approval to operate your business, you will be required to open a utility account. Currently the required deposit for a business account is \$200

7. SIGNS:

Obtain a sign permit **BEFORE** placing any signs advertising your business.