

| YELLOW AREA FOR OFFICE USE ONLY | | |
|---------------------------------|-----|--|
| ZC | | |
| DATE | CSR | |

DEPARTMENT OF DEVELOPMENT SERVICES

HOME BASED BUSINESS ZONING COMPLIANCE CERTIFICATE/BUSINESS TAX APPLICATION

Questions: (239)574-0553 or zoning@capecoral.gov

| | HOME BASED BUSINESS ZONING COMPLIANCE APPLICATION | | | | |
|-----------------------|--|--|--|--|--|
| | | | | | |
| | NEW BUSINESS CHECKLIST | | | | |
| | Register your LLC, Corporate Name, or Fictitious Name at www.sunbiz.org | | | | |
| | Apply for any required state licenses. If you have any questions, contact the Business Tax Receipts Division at (239) 574-0430 or businesstaxreceipts@capecoral.gov . | | | | |
| | Submit a Zoning Compliance application. Incomplete applications will not be accepted. | | | | |
| | Required Documents: | | | | |
| | Documentation of Sunbiz Registration | | | | |
| | State License, if applicable | | | | |
| | Completed application form | | | | |
| | Zoning Compliance Application fee \$110.00 | | | | |
| NEXT STEPS IN PROCESS | | | | | |
| | Complete Business Tax Receipt process with the Business Tax Receipts Division. | | | | |
| | Apply for a local Business Tax Receipt with Lee County: Phone (239) 533-6000 Address 1039 SE 9th Place Cape Coral, FL 33990 | | | | |

Please note that it is the responsibility of the applicant to advise the City Clerk's Office of any information on the application form that is exempt from public disclosure or confidential pursuant to state or federal law. Applicant must provide the City Clerk with information that is sufficient for the Clerk to determine whether the information is confidential or entitled to be exempt from disclosure.

The City of Cape Coral, its officers, employees, or agents are not liable for any unauthorized release of exempt or confidential information regarding any applicant.

Information on sign requirements and the permit application may be found on the City Planning Division website at www.capecoral.gov.

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|--|------------------|----------------------|--------|----------------------|--------|
| New Business Classification: | | | | | |
| | | | | | |
| | | | | Zoning: | |
| | | | | | |
| Business Address: | | | Unit # | | |
| Legal Business Name AS I | REGISTERED IN SU | JNBIZ: | | | |
| Fictitious Name/DBA: | | | | | |
| Phone #: | | _ Days of Operation: | | Hours of Operation | : |
| | | | | | |
| Mailing Address: | | | City: | State: | _ Zip: |
| Email Address: | | | | Phone #: | |
| Local Emergency Contact | :: | | | Phone #: | |
| DETAILED BUSINESS | DESCRIPTION | (REQUIRED): | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Is Unit on Septic Syster | m: Yes No |) | | | |
| Is any portion of your net floor area or gross revenue derived from sexually oriented items/activities? Yes No If yes, what percentage? | | | | | |
| # of Employees Includi | ng Business Owr | ner: | # | of Company Vehicles: | |



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| FEE: \$110.00 | | |
|---|---|--|
| *You must sign in your corporate capacity if | the business is under a LLC, Trust, LP, or similar business entity* | |
| A | PPLICANT SIGNATURE | |
| The information on this application is true and con | nplete to the best of my knowledge. | |
| Printed Name | Title | |
| Signature | Date | |
| - | USINESS TAX INFORMATION | |
| FED Tax ID or SS#: | | |
| | r Competency License in the City of Cape Coral? | |
| If yes, what is the receipt or license numbers? | | |
| Do you have or have you applied for: Fictitious Nan | ne | |
| Date Applied: | | |
| Į. | ACKNOWLEDGEMENT | |
| not limited to, City business taxes. B. No more than two (2) employees or independent co business. The business may have additional remote C. Vehicles parked at home-based businesses must be the right-of-way, on or over a sidewalk, or on or over located at the residence must be in compliance with Code. The parking of any heavy equipment, such as prohibited. D. As viewed from the street, the use of residential proproperty. External modifications made to a resident residential character and architectural aesthetics of the transactions at a structure other than the residential the residential property. E. The business activities must comply with applicable of the complexity of the property of the complexity of the property. | nt federal, state, county, and City regulations with respect to the use, storage, | |
| Printed Name | Title | |
| Signature | Date | |

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