

**CITY OCCUPATIONAL TAX AFFIDAVIT  
HOME OCCUPATION PERMIT APPLICATION  
CITY OF GAINESVILLE, FLORIDA**

Occupational Tax Division  
(352) 334-5024

Post Office Box 490  
Gainesville, Florida 32602

City Hall - 3rd Floor  
200 E. University Avenue

**PART 1 - AFFIDAVIT -- INSTRUCTION AND INFORMATION**

- Please complete where checked and return for occupational tax fee calculation by this office; a notice showing amount due will be sent to you for payment, or return your remittance in the amount shown in Part II.
- Original occupational tax/receipt must be surrendered for name, address, or ownership changes.
- Peddlers, solicitors, and canvassers must obtain a "Police Permit".
- Certain professions are required to have a performance bond and/or must present proof of State Registration.

**EXEMPTIONS ARE GIVEN TO DISABLED PERSONS, WIDOWS WITH MINOR DEPENDENTS, PERSONS 65 YEARS OF AGE OR OLDER AND DISABLED VETERANS, IF CRITERIA IS MET. CALL OUR OFFICE FOR MORE INFORMATION.**

**PLEASE COMPLETE WHERE CHECKED -- PLEASE PRINT OR TYPE** **DATE:** \_\_\_\_\_

OWNER OF BUSINESS \_\_\_\_\_

Address of Residence \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Has a Home Occupation Permit been issued to you at this address before?  YES  NO If YES, indicate permit number \_\_\_\_\_

Business Name, if applicable, and nature of home occupation \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date Business Started \_\_\_\_\_

Total Floor Area (in square feet) of residence \_\_\_\_\_

What will be the floor area (in square feet) to be utilized for the home occupation? (NOTE: may not exceed 20% of total area or 500 sq. feet whichever is less.) \_\_\_\_\_

**PLEASE SKETCH FLOOR PLAN OF THE RESIDENCE AND ATTACH TO THIS FORM. PLEASE SHADE IN THE AREA TO BE UTILIZED FOR THE HOME OCCUPATION.**

Fill in the applicable blank spaces: (Tax due is based on information provided below)

Number of workers employed including owner \_\_\_\_\_ Number of vehicles operated \_\_\_\_\_

Number of coin-operated machines (list type, vending price, and number on the back of this form or attach list) \_\_\_\_\_

State previous occupant or address: \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

Other \_\_\_\_\_ Position in Firm \_\_\_\_\_

**I UNDERSTAND I AM PAYING AN OCCUPATIONAL TAX ONLY AND THAT I MUST MEET ALL CITY, ZONING, COUNTY AND STATE REQUIREMENTS BEFORE I CAN LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF GAINESVILLE, FLORIDA.**

**PART II - OCCUPATIONAL TAX CATEGORY AND FEE (to be completed by Occupational Tax Division):**

Tax Code	Category	\$
	Category	\$
	Category	\$
	Category	\$
	Category	\$

**\*TOTALS** \_\_\_\_\_

\*(include penalty payment of \$ \_\_\_\_\_ if not paid on or before \_\_\_\_\_ Paid by cash or check? \_\_\_\_\_

**FAILURE TO OBTAIN OCCUPATIONAL TAX WITHIN 180 DAYS OF NOTICE WILL RESULT IN ADDITIONAL PENALTY OF \$250.00.**

Zoning Classification \_\_\_\_\_ approved by \_\_\_\_\_ Date \_\_\_\_\_  
FIRE DEPARTMENT \_\_\_\_\_ approved by \_\_\_\_\_ Date \_\_\_\_\_

Tax No. \_\_\_\_\_ Validation No. \_\_\_\_\_ Dated \_\_\_\_\_ Mailed/Delivered \_\_\_\_\_ by \_\_\_\_\_

**ENTERPRISE ZONE (CHECK HERE)** \_\_\_\_\_ **MINORITY BUSINESS (CHECK HERE)** \_\_\_\_\_  
(FOR CITY USE ONLY)

CEO	DATE	RECEIPT	ZONE	MAP	O LIC	PERMIT
-----	------	---------	------	-----	-------	--------

TENTATIVE INSPECTION DATE/TIME	I CARD	COMPUTER ENTERED
--------------------------------	--------	------------------

INSPECTION	TAX CODE NUMBER	
------------	-----------------	--