Print Form

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
300 WEST PLANT STREET
WINTER GARDEN, FLORIDA 34787

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F: 407.656.0839
WWW. WINTERGARDEN-FL.GOV

RESIDENTIAL AFFIDAVIT

I, _____ AM APPLYING FOR A LOCAL BUSINESS TAX FROM THE CITY OF WINTER GARDEN, FLORIDA, BECAUSE MY PLACE OF BUSINESS IS LOCATED WITHIN A RESIDENTIAL DISTRICT, I HEREBY AGREE TO THE FOLLOWING CONDITIONS:

1) THE LOCATION OF THIS BUSINESS IS RESIDENTIAL; THEREFORE, I SHALL ONLY USE THIS LOCATION FOR OFFICE AND/OR BOOKKEEPING PURPOSES IN CONNECTION THEREWITH.
2) I AGREE NOT TO ADVERTISE THIS BUSINESS IN ANY WAY SHOWING THE ADDRESS STATED HEREIN. THIS INCLUDES, BUT NOT LIMITED TO, NEWSPAPER, TELEPHONE DIRECTORY LISTING, BUSINESS CARDS, BUSINESS STATIONERY, LETTERING ON VEHICLES, ETC.
3) I GUARANTEE NO PERSON OTHER THAN MEMBER OF THE FAMILY RESIDING ON PREMISES SHALL BE ENGAGED IN SUCH HOME OCCUPATION.
4) I GUARANTEE THAT THERE WILL BE NO CUSTOMER OR OTHER PEDESTRIAN AND/OR VEHICULAR TRAFFIC COMING TO THESE PREMISES IN CONNECTION WITH THIS BUSINESS.
5) I GUARANTEE THAT THERE WILL BE NO INVENTORY STOCKED ON THE PREMISES, NO WAREHOUSING OR STORAGE OF ANY ARTICLES OR MERCHANDISE USED IN CONNECTION WITH THE BUSINESS LOCATED AT THIS ADDRESS.
6) I CERTIFY THAT THE VEHICLE USED BY ME IN CONNECTION WITH THE BUSINESS IS NOT A COMMERCIAL TYPE WHICH IS OTHERWISE PROHIBITED WITHIN THE RESIDENTIAL DISTRICT. I FURTHER CERTIFY THAT THERE WILL BE NO PARKING OF OTHER VEHICLES USED BY ME OR ANYONE ELSE EMPLOYED AT THIS ADDRESS.
7) I CERTIFY THAT I WILL COMPLY WITH THE CITY OF WINTER GARDEN, FLORIDA'S CODE ORDINANCES.
8) I CERTIFY THAT I WILL COMPLY WITH MY DEED RESTRICTION OR HOME OWNERS ASSOCIATION REQUIREMENTS.
9) I CERTIFY THAT ALL INFORMATION SUPPLIED TO THE CITY OF WINTER GARDEN ON MY APPLICATION FOR A LOCAL BUSINESS TAX IS TRUE AND CORRECT, AND I ACKNOWLEDGE THE CITY OF WINTER GARDEN'S RIGHT TO REVOKE MY TAX RECEIPT AND TAKE ANY OTHER LEGAL MEANS NECESSARY IN ACCORDANCE WITH ARTICLE IV OF THE CITY CODE, UPON THEIR DETERMINATION.
10) IN THE EVENT THAT THE CITY OF WINTER GARDEN DETERMINES THAT THERE HAS BEEN ANY VIOLATION OF THIS AGREEMENT, I FURTHER AGREE TO CEASE ALL BUSINESS ACTIVITIES AT THIS ADDRESS IMMEDIATELY UPON DUE NOTICE FROM THE CITY OF WINTER GARDEN.

APPLICANT / BUSINESS INFORMATION:

APPLICANT NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

_____
APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ ,20 _____

BY _____ WHO DID NOT TAKE AN OATH.

☐ PERSONALLY KNOWN OR;

☐ PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED

_____

Notary Seal

_____
SIGNATURE OF NOTARY

FOR ANY QUESTIONS OR CONCERNS PLEASE CONTACT THE BUSINESS TAX DIVISION AT (407) 877-5136.