

**CITY OF ATLANTIS
AFFIDAVIT FOR HOME BUSINESS TAX RECEIPT**

Business Name: _____

Business Address: _____

Type of Business: _____

I hereby apply for a limited Home Business Tax Receipt to use a business telephone listing, business stationery, and to conduct the minor business activity of a business office at my home. I certify that I am eligible for this limited license and understand that it shall only be permitted in residential zoning districts under the following conditions:

1. No signage shall be allowed, whatsoever.
2. No commercial vehicles allowed on premises, whatsoever.
3. No clientele traffic
4. No employees, whatsoever
5. No stock in trade nor commodities stored or sold on premises
6. No equipment used except for domestic, household or home office purpose.

Home Business Tax Receipts are only issued upon the above conditions. Should there be any complaints regarding violations of license conditions, the Home Business Tax Receipt shall be automatically revoked by the City Manager, with appeal to the City Council, if filed with the City Clerk in writing within ten (10) days of revocation.

I understand the conditions required for a Home Business Tax Receipt and agree to abide by same.

Signature of Applicant

Date

Signature of Owner (if other than Applicant)

Date

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this _____ day
of _____, , by _____ and
_____, who is/are personally known to me or who has/have
produced a Florida driver's license as identification, and who did/did not take an oath.

(SEAL)

Notary Public
State of Florida