



TEL: 772.288.5319  
FAX: 772.600.1280

# LOCAL BUSINESS TAX RECEIPT REQUIREMENTS

**A Business Tax Receipt will NOT be issued without the following pertinent documentation:**

- Completed application/Payment \_\_ Applicant ***MUST BE*** Registered Agent/Officer/Director etc.
- Copy of the page of your Lease that contains the lesser, the lessee ***AND*** the address of business location along with the signature page, ***or*** letter from your landlord/property manager
- Copy of Articles of Incorporation (All Non-Florida Corporations must be registered in Florida)
- Copy of your State of Florida Registered Fictitious Name (***DBA***)
- Verification of Florida Sales Tax Number for Martin County ***documented*** with the correct address
- Federal ID Number ***documented*** with the correct business name/corporate name ***or*** provide your Social Security Number
- Copy of Identification with your date of birth (***Driver's License, Passport, or State ID***)
- Retail Merchants (***ONLY***) must submit an Affidavit of Inventory showing the average cost of goods carried
- Copy of State License / Registration or any Inspection Reports required for your business:
  - Copy of your Department of Business and Professional Regulation License - Doctor, Attorney, Architect, Contractor, Broker, Cosmetologist, etc. (***All Licensed Professionals***)
  - Copy of Health Department Certificate (Biomedical Waste, Bars/Lounges etc. )
  - Copy of approval from the Department of Agriculture or Division of Hotels and Restaurants.
  - Contractors must provide a copy of Contractor's License
  - Copy of your Liability Insurance, Vehicle Inspection and Driving Record for ***Taxi, Limo, etc.***
  - A signed copy of the Sound Ordinance 2315-2015, if the business has amplified sound.
  - A signed copy of the Pain Management Affidavit, if it applies to your business.

(Continued)



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*A Business Tax Receipt will **NOT** be issued without the following pertinent documentation:*

## TRANSFERRING A LOCAL BUSINESS TAX RECEIPT

To transfer a Local Business Tax Receipt from one location or owner in the City to another, you must *surrender your original Local Business Tax Receipt* and provide a copy of any documentation that is new, or that is required to be updated with the correct address since the original application submittal. Please note that any document that is not required to be updated will remain on file. *If the business is sold, then a bill of sale must also be submitted.* City Zoning, Building, Police and Fire Requirements must be met.

Fire and Zoning requirements must be met prior to the issuance of a Local Business Tax Receipt. A completed application must be submitted in order to schedule an inspection. Local Business Tax Receipts are not issued the same day. Applications must be submitted at least 10 working days prior to opening a business.

**Note:** If a building has been vacant for 180 days or more, then new Code Requirements (Landscaping, Parking & Building) will be implemented prior to issuance of a Receipt. *(Section 6.06.01 and 6.03.02C)*

All businesses must have a City and County Local Business Tax Receipt. Please be aware that if you fail to pay the tax and obtain a receipt, your business will be subject to being forcibly closed with additional fines and costs. *(Sec. 74-58, City Code)*

### **Local Business Taxes vary:**

- An average Tax runs between \$70.00 - \$100.00.
- Restaurants, Cafes, Movie Theaters, etc., are based on the number of seats.
- Retail Merchants are based on store inventory (average cost of goods carried).
- Service / Repair and Manufacturing businesses are based on the number of employees performing service.

**Transfer Fee:** 10% of the Annual License Tax, minimum of \$3.00 to a maximum of \$25.00

**Inspection Fees:** Fire - \$100.00, Grease Trap - \$35.00.



# HELPFUL PHONE NUMBERS

TEL: 772.288.5319  
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BUSINESS TAX RECEIPT OFFICIAL	772-288-5319
GREASE TRAP & BACKFLOW INSPECTION	772-288-5333 (PUBLIC WORKS)
FEDERAL ID NUMBER	800-829-4933 IRS.GOV
DEPARTMENT OF REVENUE	772-429-2900 337 N US HIGHWAY 1, SUITE B, FT. PIERCE
ALCOHOLIC BEVERAGE LICENSE	772-468-3927 337 N US HIGHWAY 1, SUITE B, FT. PIERCE
FICTITIOUS NAME REGISTRATION	WWW.SUNBIZ.ORG 850-488-9000
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION	850-487-1395 WWW.MYFLORIDALICENSE.COM
FLORIDA DEPARTMENT OF AGRICULTURE	800-HELP-FLA WWW.800HELPFLA.COM
MOTOR VEHICLE REPAIR LICENSE	800-435-7352
FLORIDA BOARD OF COSMETOLOGY	850-487-1395 WWW.MYFLORIDALICENSE.COM
MARTIN COUNTY HEALTH DEPT (BIOMEDICAL WASTE PERMIT, BARS & LOUNGES)	772-221-4090
MARTIN COUNTY LOCAL BUSINESS TAX RECEIPTS	772-463-6278 3485 SE WILLOUGHBY BLVD., STUART
CITY OF STUART FIRE INSPECTIONS	772-288-5353



## **City of Stuart Fire Rescue**

**Office of Fire Prevention**  
800 SE Martin Luther King, Jr. Boulevard  
Stuart, FL 34994-2408  
*David Dyal, Fire Chief*



[fireprevention@ci.stuart.fl.us](mailto:fireprevention@ci.stuart.fl.us)  
[www.cityofstuart.us](http://www.cityofstuart.us)

Telephone (772) 288-5360  
Facsimile (772) 288-5371

### **LIFESAFETY INSPECTION GUIDE**

The following information is provided to assist and to expedite the inspection process. While not intended to be all-inclusive, this guide addresses the most common violations found during inspections. The inspector will contact you once the application has been process and the inspection request is forwarded to him/her. Please contact 772-288-5360, ext 2 if you have any questions.

#### **ALL BUSINESSES**

Business Information Name  
Phone Number  
Address  
Contact person

Building Numbers 6-inch on front, 4-inch on rear

Contrasting with background color

Electrical Panel(s) at least 36 inches of clearance, clearly labeled, with no voids

Wiring in conduit and connection in junction boxes

Cover plates on outlets, GFCI outlets where shock hazard exists

Exits Clear of obstructions

Doors unlocked to occupants during business hours

Number of exits varies by occupancy type- inspector will verify compliance

Fire Extinguishers At least on 5-lb ABC extinguisher every 3,000 sq ft with maximum 75-ft travel distance

Additional extinguishers may be required for higher hazard occupancies

Must be mounted no more, at the top of the extinguisher, than 5 ft from the floor

Must be visible and readily accessible

#### **WHERE REQUIRED BY CODE**

Fire Alarm System Current inspection tag on Fire Alarm Panel

Alarm log with inspection records and system diagram

Fire Sprinkler System Fire department connection clear of obstructions and inlets capped

Backflow preventer inspected annually

Valves monitored by fire alarm

Current inspection tag on main riser

Spare sprinkler heads and wrench on site

18 inches of clearance around sprinkler heads

Hood System Current inspection tag

Grease filters and ductwork clean

Fans operational

Tenant Separation Firewalls with compliant protection of penetrations

**INITIAL FIRE INSPECTION FEE FOR BUSINESS TAX RECEIPT**

\$100

**THERAFTER,**

**YEARLY INSPECTION FEES**

The fee schedule for inspections, as approved by the City Commission under Resolution 77-2009 is as follows:

0- 2500 square feet	\$50
2501 - 5000 square feet	\$100
5001 - 20,000 square feet	\$200
20,001-100,000 square feet	\$300
Over 100,000 square feet	\$500



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PAIN MANAGEMENT
CLINIC
AFFIDAVIT

MEDICAL OR DENTAL OFFICE -

An establishment where patients, who are not lodged overnight, are admitted for examination or treatment by persons practicing Any form of healing or health-building services whether such persons be medical doctors, chiropractors, osteopaths, chiropodists, naturopaths, optometrists, dentists, or any such profession, the practice of which is lawful in the State of Florida.

A pain management clinic shall not be considered a medical or dental office.

PAIN MANAGEMENT CLINIC -

All privately owned pain management clinics, facilities, or offices, which advertise in any medium for any type of pain management services, or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications, and are required register with the Florida Department of Health pursuant to Sec 458-309 or Sec 459-005, FL Statute (2009). A physician is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications for the treatment of chronic nonmalignant pain. Chronic nonmalignant pain is pain unrelated to cancer which persists: (1) beyond the usual course of disease or the injury that is the cause of pain, or (2) more than 90 days after surgery.

AFFIDAVIT OF AGREEMENT

I have read the above definitions for a Medical or Dental Office and a Pain Management Clinic. I Clearly understand the uses are separate and distinct uses. I am aware that the Business Tax Receipt I am applying for is only that of a Medical or Dental Office; not a Pain Management Clinic. I am also aware of my responsibilities for the use of Medical or Dental Office on the property, and further understand that any violation of this affidavit may result in code enforcement action and/or revocation of the Business Tax Receipt.

Physician or Operating Corporation Representative : \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite \_\_\_\_\_ Stuart, FL \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY PUBLIC INFORMATION

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ He/She is personally known to me or

Has produced \_\_\_\_\_ as identification and did not take an oath.

Notary Public Seal



# LOCAL BUSINESS TAX ACKNOWLEDGEMENT OF NOISE ORDINANCE

City Ordinance 2315-2015

Sec. 20-155

- C. All applicants seeking to pay the local business tax within the City shall indicate if they have, or will have, amplified sound at the business. If the applicant has or will have amplified sound, they shall be provided a copy of this ordinance, and shall acknowledge, in writing, receipt of the ordinance.

I am applying/paying for a local business tax receipt at the following location:

---

I will / I have amplified sound at the business in the form of:

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I have received a copy of the City Ordinance 2315-2015, Chapter 20, Article VI NOISE, Sections 20-150 through 20-156.

I have signed below to acknowledge the receipt of this ordinance.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



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# LOCAL BUSINESS TAX RECEIPT APPLICATION

Please print clearly and provide all required information

## SECTION I TO BE COMPLETED BY APPLICANT

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Business                       | <input type="checkbox"/> Business Name Change | <input type="checkbox"/> Additional Category |
| <input type="checkbox"/> Individual Professional - 1099     | <input type="checkbox"/> Transfer - Location  | <input type="checkbox"/> Change of Category  |
| <input type="checkbox"/> Individual Professional - Employee | <input type="checkbox"/> Transfer - Owner     | <input type="checkbox"/> Amplified Sound     |

Business Name : \_\_\_\_\_ Phone # : \_\_\_\_\_  
 Business Address : \_\_\_\_\_ City : \_\_\_\_\_ ST : \_\_\_\_\_ ZIP : \_\_\_\_\_  
 Mailing Address (if different than above) : \_\_\_\_\_  
 Fax # : \_\_\_\_\_ Email : \_\_\_\_\_  
 Parcel ID # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 0 0 0 0  
 Sales Tax # : \_\_\_\_\_ EIN : \_\_\_\_\_ State License # : \_\_\_\_\_  
 # of Employees/Working Owners  # of Onsite Parking Spaces  # of Restaurant Seats

### PROVIDE AFTER HOURS EMERGENCY CONTACT INFO

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Applicant's Name : \_\_\_\_\_ Age \_\_\_\_\_ Phone # : \_\_\_\_\_  
 Home Address : \_\_\_\_\_ City : \_\_\_\_\_ ST : \_\_\_\_\_ ZIP : \_\_\_\_\_  
 Email : \_\_\_\_\_ Driver's License # : \_\_\_\_\_

The City of Stuart collects your social security number for one or more purposes including: reconciliation of accounts, verification of identity, credit worthiness, billing or payment requirements of third parties, tracking or processing of claims or other submissions, benefit processing, tax or other third party vendor or bank requirements and background search purposes. F.S.119.071(5) as referenced in F.S.205.0535(5)

Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### CORPORATIONS/PARTNERSHIPS - PROVIDE THE FOLLOWING INFORMATION

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_  
 Address : \_\_\_\_\_ Fax # : \_\_\_\_\_  
 City : \_\_\_\_\_ ST : \_\_\_\_\_ ZIP : \_\_\_\_\_ Email : \_\_\_\_\_

### CLEARLY STATE THE TYPE OF BUSINESS THAT YOU WILL ENGAGE IN:

#### APPLICANT

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that if any portion is false or misrepresented, such fact may constitute a criminal violation of City Code Sec. 38-95 and may be just cause for immediate revocation of any Local Business Tax Receipt issued to me. Every Local Business Tax Receipt issued under the provisions of this article shall expire on September 30th of each year.

I further understand that the issuance of a Local Business Tax Receipt to conduct business in the City of Stuart is a privilege, and failure to correct conditions on the premises which are in violation of Section 1-13 of the Stuart Code of Ordinances, may be just cause for immediate revocation of any Local Business Tax Receipt issued to me. You must obtain a Martin County Business Tax Receipt upon receiving your City of Stuart Local Business Tax Receipt.

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

ZONING APPROVAL : YES  NO

TAX \$

CATEGORY #

FIRE INSPECTION \$

ACCOUNT #

GREASE TRAP \$

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BACKFLOW INSPECTION: YES  NO

TOTAL DUE \$