



STATEMENT OF HOME OCCUPATIONAL OWNER

I hereby affirm that I have been provided with a copy (Printed from Web) of Chapter 10, Article VII, Section 412.2 of the City of Tallahassee Land Development code pertaining to home-based business, and understand the restriction and limitations placed upon my home-based business by the provisions therein.

All home business applications that have more than one owner must have a separate Business Tax Certificate for each home address. Whereas, only persons living on the premises shall be engaged in a home occupation.

I have verified that the recorded location address is within the city limits of Tallahassee.

LOCATION ADDRESS

PRINT NAME

SIGNATURE

DATE

PLEASE KEEP A COPY OF CHAPTER 10, ARTICLE VII, SECTION 412.2 FOR YOUR RECORDS, AND MAIL THIS SIGNATURE PAGE, ALONG WITH COMPLETED APPLICATION TO:

**City of Tallahassee
Revenue Division
300 S. Adams Street, Box A-4
Tallahassee, FL 32301-1731**