



**CITY OF WINTER SPRINGS
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434
Winter Springs, Florida 32708
customerservice@winterspringsfl.org
Affidavit – Residential BTR

I, _____, am applying for a Business Tax Receipt from The City of Winter Springs, Florida; because my place of business is located within a residential district, I hereby agree to the following conditions:

- The location of this business is residential; therefore, I shall only use this location for office purposes in connection therewith and shall comply with City Code [Sec. 20-452](#).
- I certify that the home-based business or home office use activities of are secondary to the property’s use as a residential dwelling. This does not alter the principal residential use of the property.
- The employees of the business who work at the residential dwelling must also reside in the residential dwelling, except that up to a total of two employees or independent contractors who do not reside at the residential dwelling may work at the business.
- Customers or other pedestrian and/or vehicular traffic coming to these premises in parking generated by the business may not be greater in volume than would normally be expected at a similar residence where no business is conducted. Additional parking shall not be installed.
- As viewed from the street, the use of the residential property is consistent with the uses of the residential areas that surround the property. There shall be no outside storage of inventory, merchandise, or equipment used in connection with the business located at this address.
- I certify that the vehicles used by me in connection with the business shall comply with City [Code Sec. 20-434](#).
- I certify that all information supplied to The City of Winter Springs on my application for a business tax receipt is true and correct, and I acknowledge The City of Winter Springs right to rescind my Business Tax Receipt Approval and take any other legal means necessary in accordance with City Code, upon their determination.
- I certify that I am resident of The City of Winter Springs and reside at the address I have provided for the Business Tax Receipt. In the event that The City of Winter Springs determines that there has been any violation of this agreement, or I am no longer a resident at this address, I further agree to cease all business activities at this address immediately.

Applicant Signature: _____ Date: _____

Business Name: _____

Address: _____

Note: The Property Owner shall sign and have their signature notarized below.

Property Owner’s Name (Print): _____

Property Owner’s Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Notary Public Signature Date: _____ (seal)