

**COMMERCIAL SITE BUSINESS TAX RECEIPT**  
(formally known as Business Occupational License)  
**FACT SHEET AND APPLICATION PROCESS**

**Business Location:**

*If your business site is located in the City of Stuart, you must receive your Business Tax Receipt from City Hall located at 121 SW Flagler Ave., in Downtown Stuart. The City's Business Tax Receipt Division can be reached at 288-5300 and follow the prompts. Once you have met the City of Stuart's requirements you will be required to go to the Martin County Tax Department located at 3485 SE Willoughby Blvd., Stuart.*

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**BELOW IS FOR BUSINESS TAX RECEIPT APPLICATION PROCEDURES FOR BUSINESS LOCATED IN UN-INCORPORATED MARTIN COUNTY ONLY**

A Business Tax Receipt is required for any business that is locating in un-incorporated Martin County. If your business site is located in the City of Stuart please contact the City of Stuart at 288-5300 and follow the prompts.

**When do I need a new Business Tax Receipt? If any of the below apply to you, then you will need to complete the Zoning Use Compliance application and receive a Business Tax Receipt.**

- If you are a new business
- Changing the business name
- Have a name change in ownership
- Have moved to a new location

**OBTAINING THE APPLICATION:**

THE FOUR PAGE BUSINESS TAX RECEIPT ZONING COMPLIANCE APPLICATION FORM CAN BE OBTAINED FROM OUR WEBSITE:

Or, to pick up a copy of the application, come to the Growth Management Department located in the Martin County Administrative Center at 2401 SE Monterey Rd, Stuart, (west side entrance across from the Blake Library) and see the receptionist.

**FILLING OUT THE APPLICATION:**

The first two pages should be filled out by the new business owner; the last two pages are to be completed by the property owner, representative of the property owner, or landlord. It is the Property Owner's signature or his representative's signature that **MUST BE notarized**. Faxed copies of notarized signatures are accepted, however, **you MAY NOT fax or mail the application for processing.**

## TURNING IN THE APPLICATION:

- ANY OWNER, EMPLOYEE, OR SOMEONE ACTIVELY INVOLVED IN THE NEW BUSINESS MUST HAND CARRY (NOT MAIL) the application to the Growth Management Department. They will need to sign forms and receive documentation necessary for the fire inspection. The Growth Management Office is located in the Martin County Administrative Center at 2401 SE Monterey Rd, Stuart, (west side entrance across from the Blake Library).
- The fee is \$180.00 and covers the zoning review and the Fire Marshal Inspection. Only cash or checks are accepted. No credit or debit cards. Checks must be made out to Martin County BOCC.
- TIME FRAME: The Growth Management zoning review process takes approximately 20 minutes. Please be aware that our walk-in customers are taken in the order they come in. No appointments can be made and the application cannot be dropped off at the front counter.
- HOURS OF OPERATION FOR the Martin County Growth Management Zoning Compliance Are:  
Monday – Friday 9:00am – 4:00pm

## APPLICATION PROCESS OVERVIEW:

This is a three step process:

**Step 1- Bring your completed, signed and notarized Zoning Use Compliance Application along with the \$180.00 fee (CHECK OR CASH ONLY) AND PROOF OF BUSINESS NAME AS IT APPEARS ON SUNBIZ.ORG** to the Growth Management Department located at 2401 SE Monterey Rd, Stuart. Our Zoning Compliance Technician will review the location and proposed use to insure that the use is allowed at that location. If the use is deemed allowable, the Zoning Compliance Technician will sign off on the use application. The Zoning Compliance Technician will supply you with a signed copy of the zoning use permit (which you must have to schedule the fire inspection) and supply you with a fire inspection guideline sheet to help you prepare for the inspection.

**Step 2-** Fire Marshall Inspection – This cannot be scheduled until you have your copy of the signed zoning use permit referred to in step 1. The fire Marshall will inspect the property to insure compliance with all applicable fire codes (a guideline sheet (also referred to in step 1) will be supplied to you at the time your zoning use permit is reviewed and signed off).

**Step 3-** Tax Collector's Office – this step completes the process. You will need to hand carry the zoning compliance form and the fire inspection paperwork to the Martin County Tax Department. The additional \$26.25 will be collected by them at this time and they will issue your Business Tax Receipt. Unless your business changes in some way mentioned in the highlighted section on the first page, annual renewal of your Business Tax Receipt, will be handled through the Martin County Tax Department. Any further information other than zoning compliance should be directed to their office at (772) 288-5595.

Martin County, Florida  
Growth Management Department  
DEVELOPMENT REVIEW DIVISION

**BUSINESS TAX RECEIPT**  
(formally known as Business Occupational License)  
**ZONING-USE PERMIT APPLICATION**  
**FOR MEDICAL SERVICES PROVIDER**

**A. Applicability:**

This application is intended for medical services providers and specifically excludes service providers that meet the definition for Pain Management Clinics.

PAIN MANAGEMENT CLINIC DEFINITION  
(Article 3, section 3.3, Glossary of Terms, Land Development Regulations,  
Martin County Code)

*Pain management clinic.* The same as the definition found in Sec. 458.3265(1)(a), Florida Statutes (2010), as may be amended from time to time. Notwithstanding this definition the use of the words “wellness center” and “detox center” shall not exempt clinics, facilities or offices which advertise in any medium for any type of pain management services, or employ a medical or osteopathic physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications from this definition. Such definition shall not include any of the following:

1. A clinic that is licensed as a facility pursuant to chapter 395; or
2. A majority of the physicians who provide services in the clinic primarily provide surgical services; or
3. The clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the counter market and whose total assets at the end of the corporation’s most recent fiscal quarter exceeded \$50 million; or
4. The clinic is owned by, leased by or contractually affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows; or
5. The clinic does not prescribe or dispense controlled substances for the treatment of pain; or
6. The clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3); or
7. A facility that is owned or operated by a chiropractic physician licensed under Chapter 460, Florida Statutes, and does not contract or employ a physician licensed under Chapter 458 or Chapter 459, Florida Statutes, who is primarily engaged in the treatment of pain by prescribing

or dispensing controlled substance medications for the treatment of chronic nonmalignant pain:  
or

8. A clinic that is associated with a not-for-profit hospice care provider.

Medical service providers that meet the Pain Management Clinic definition must use the Business Tax Receipt Zoning Use Permit Application for Pain Management Clinics.

**B. Identification of the property owner, lessee and business:**

**Business name:** .....

**Business owner :**.....

New business address: .....

.....

Telephone and fax:.....

E-mail address:.....

**Tenant:**.....

Address: .....

.....

Telephone and fax:.....

E-mail address:.....

**Property owner:** .....

Address: .....

.....

Telephone and fax:.....

E-mail address:.....

**Parcel control number(s):**.....

**Legal description** (when parcel

control number is unknown):

**C. Property information and proposed use(s):**

Zoning approval is necessary to obtain a occupation license to open a business for the first time at a location in unincorporated Martin County. Subsequent to obtaining the zoning permit, the applicant must schedule an inspection of the premises for safety to obtain the fire marshal's permit before occupying the building.

The applicant must provide documentation that the proposed business is consistent with the Martin County Land Development Regulations, the Code, and the Comprehensive Growth Management Plan. Sometimes, a change in tenant may result in a change in use. Depending on the zoning designation for the property, the new use can affect fire protection, lot setbacks, parking space demand, lot drainage, internal and external traffic, potable water and sewer service (or septic tank and drain field), landscaping, and the amount of generated noise or other potential nuisance. Payment of impact fees associated with a use change may be necessary before the zoning approval can be obtained.

Please provide the following information:

1. Provide a description of the medical services that will be provided at this location. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Will major medical insurance be accepted for the proposed medical services? \_\_\_\_\_
3. Is the medical services provider(s) licensed by the state for the services that will be provided at this location? \_\_\_\_\_
4. Has the owner of the business been convicted of or has pled guilty or nolo contendere to an offense that constitutes a felony, or a misdemeanor the facts of which relate to the distribution or illegal prescription of a narcotic? \_\_\_\_\_
5. Provide the estimated percentage of the patients that will be serviced by this business who will be residing out of state. \_\_\_\_\_

I have read this application, and I have answered all items fully and accurately, to the best of my knowledge. I further attest that this application for the referenced medical service provider business does not meet the definition for Pain Management Clinic.

\_\_\_\_\_  
*Applicant's or agent's signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name*

AS THE PROSPECTIVE TENANT, YOU HAVE COMPLETED YOUR PORTION OF THIS APPLICATION. Sections D and E are for your information. Section F is a questionnaire and certification that must be completed by the property owner. Section F is reserved for office use.

After the zoning approval has been received there are two additional steps that are needed to complete the process. The first is the scheduling of a fire inspection for the premises where the business is located. The contact phone number for the inspection is 772-288-5633. The second and final step involves a visit to the Martin County Tax Collector's office where the business license will be issued. To obtain the license the zoning approval and fire inspection approval forms are required with the appropriate license fee payment made payable to the Tax Collector of Martin County.

***D. Fees:***

Payment for the zoning review and fire inspection permit in the amount of \$180.00 is to be included, in a check made payable to the *Martin County Board of Commissioners*. Any impact fees determined to be due must be paid before the zoning review permit for the business occupational license is issued.

If you have any question or comment regarding this application, please contact us at (772) 288-5495. We appreciate suggestions of how to improve our services.

***E. Inquiries and comments:***

If you have any question or comment regarding this application, please contact us at (772) 288-5495. We appreciate suggestions of how to improve our services.

***F. Property owner questionnaire and certification:***

As the property owner, please answer the following questions about this lease.

1. Regarding the space that is being leased to this business, what is the intended use? \_\_\_\_\_  
\_\_\_\_\_
2. Regarding the space that is being leased to this business, what were the most recent uses?  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the type of proposed business? \_\_\_\_\_
4. What is the floor area of all proposed use(s)? \_\_\_\_\_
5. How many off-street parking spaces are assigned to this use? \_\_\_\_\_
6. What is the anticipated number of employees? \_\_\_\_\_
7. Will there be any special uses that involve hazardous substances, noisy or vibrating tools or machines, or generate smoke, dust, or glare? Describe them.  
\_\_\_\_\_  
\_\_\_\_\_

*I have read this application, and I have answered all items fully and accurately, to the best of my knowledge. If the proposed use of my property by this lessee is determined to be a change in use, I understand that I may be required to pay impact fees for any increased density or intensity related to the use change. I further attest that the proposed use(s) does not meet the definition for a Pain Management Clinic as provided in Article 3, Section 3.3. Glossary of terms, Land Development Regulations, Martin County Code.*

\_\_\_\_\_  
*Property owner's signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name*

As the property owner completing the questionnaire and certifying its accuracy, you must have your signature notarized.

### NOTARY ACKNOWLEDGMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I hereby certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201 , by \_\_\_\_\_ . He or she is personally known to me  or has produced  \_\_\_\_\_ as identification.

\_\_\_\_\_  
*Notary public signature*

\_\_\_\_\_  
*Printed name*

State of \_\_\_\_\_ at-large