



# MARTIN COUNTY TAX COLLECTOR

## HONORABLE RUTH PIETRUSZEWSKI

Main Office  
3485 SE Willoughby Blvd  
Stuart, FL 34994

Office Phone  
772-288-5600

### Branch Offices

Indiantown  
16550 Warfield Boulevard  
Indiantown, FL 34956

Hobe Sound  
11734 SE Federal Highway  
Hobe Sound, FL 33455

Palm City  
3001 S.W.  
Martin Downs Boulevard  
Palm City, FL 34990

## HOME OFFICE AFFIDAVIT

**Name of Business or Individual:**

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**Please print the name of the business or your full legal name**

\_\_\_\_\_ **I am doing business under my corporate name.**

\_\_\_\_\_ **I am licensed by the Department of Business & Professional Regulations.**

\_\_\_\_\_ **I am the sole owner and I am using my legal name.**

\_\_\_\_\_ **I am using a fictitious name.**

\_\_\_\_\_ **I am exempt from State Fictitious Name Registration.**

- A. **Doing Business under My Legal Name**
- B. **Business is incorporated and registered with the Secretary of State and not using a D/B/A (Business name must include one of the following in the name of the business: INC., CO., LLC. or ENTERPRISE in order to be exempt).**
- C. **Exempt due to licensed by DBPR or the Department of Health**
- D. **Federally chartered Bank.**
- E. **Business is a registered trademark.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

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

**HOME OFFICE BUSINESS TAX RECEIPT CONDITIONS  
AND CERTIFICATIONS**

The issuance of a business tax receipt shall be subject to the following conditions:

1. The primary use of the property to which the tax receipt is issued shall be residential.
2. No customers are permitted to visit the property.
3. There shall be no storage of equipment and supplies on the property.
4. One employee is permitted to work on the property or leave their vehicles at the property.

The issuance of the home office business tax receipt does not supersede or negate compliance with homeowner's association rules and regulations, deed restrictions or other applicable government regulations.

The undersigned understands and agrees to the conditions noted above and attests that the information provided is true.

I certify that the information I have provided is correct and I further certify that I have read and fully understand the conditions set forth and will comply fully with them knowing that failure to comply thereof may result in action taken against me by Martin County.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

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**NOTARY ACKNOWLEDGEMENT**

State of Florida, County of Martin

I hereby certify the foregoing instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.

He/She is personally known to me \_\_\_\_\_ or He/She has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

My Commission Expires: \_\_\_\_\_