



BUSINESS NUMBER: _____ _____

CITY OF TAMARAC
BUSINESS TAX RECEIPT COMMERCIAL APPLICATION
 (Make Checks Payable to City of Tamarac)
 7525 NW 88 AVENUE – TAMARAC, FL 33321-2401
 (954) 597-3537
 FAX: (954) 597-3540

SECTION I: (To Be Completed By Applicant) COMMERCIAL BUSINESS APPLICATION

Please Print Clearly

DATE:	NEW BUSINESS	ADDRESS CHANGE	NAME CHANGE	TRANSFER or OTHER
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Applicant Name: _____ Applicant Title: _____

Business Name: _____ Federal Id. Number: _____

Fictitious Name: _____ Business Phone Number: _____

Business Address: _____ Suite No: _____ Cell Phone Number: _____

City: _____ State: _____ Zip Code: _____ Hours of Operation _____

Fully Describe Nature of Business at This Location:

Business Owner Name:

Business Mailing Address:

Suite or Bay No. _____ City: _____ State: _____ Zip Code: _____

Email Address:

Corporations/partnerships please provide the following information on the primary principal:

Name: _____ Title: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

<u>Commercial Business Location-Plaza or Community Name:</u>	<u>Property Mgr:</u> _____	<u>Plaza Code:</u>
	<u>Phone Number:</u> _____	

PRORATED FEES & CERTIFICATE OF OCCUPANCY

THE CITY RESERVES THE RIGHT TO PRORATE BUSINESS TAX RECEIPT FEES AS OF APRIL 1, AT THE RATE OF 75% OF THE ANNUAL FEE. THE FEE SHALL THEN BE REDUCED BY FIVE (5) PERCENT OF THE ANNUAL FEE FOR THE MONTH, THEREAFTER UNTIL THE CLOSE OF THE FISCAL YEAR ON SEPTEMBER 30TH. BUSINESS TAX RECEIPTS OBTAINED BETWEEN OCTOBER 1 AND MARCH 31, SHALL BE SUBJECT TO THE FULL FEE. AND/OR

I AFFIRM THE BUSINESS REVENUE DIVISION REFERRED ME TO THE BUILDING DEPARTMENT TO APPLY FOR AND OBTAIN A CERTIFICATE OF OCCUPANCY.

INITIAL: _____ **DATE:** _____

I AFFIRM THE INFORMATION GIVEN ON AND WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AUTHORIZED TO ACT AND BIND THE FIRM IN ALL MATTERS CONNECTED WITH THE BUSINESS.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT _____ TITLE _____ DATE _____

Business Revenue Division

Section II: Certification

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 act may constitute a violation of the City of Tamarac Code of Ordinances Section 12-33 and may be just cause for immediate revocation of any BUSINESS TAX RECEIPT issued to me. Refunds of BUSINESS TAX RECEIPT fees will only be made upon written request and in accordance with the provisions of the City BUSINESS TAX RECEIPT Ordinance Section 12-45; Rebate of Fees.

I further understand that the issuance of any BUSINESS TAX RECEIPT is a privilege to conduct business in the City of Tamarac and does not permit the holder to operate in violation of any City, State, or Federal law, ordinance or regulation and that failure to correct conditions on the premises which are in violation is punishable under Section _____ of the Code of the City of Tamarac and such failure may be just cause for immediate revocation of any BUSINESS TAX RECEIPT issued.

I have read and understand the BUSINESS TAX RECEIPT information provided which may or may not be applicable to my business.

Applicant Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

BUSINESS TAX RECEIPTS REQUIRED ~ SEE BUSINESS RESTRICTIONS AND / OR COMMENTS BELOW:

CLASSIFICATION:	LICENSE FEE	PRO-RATED FEE	LICENSE NUMBER

BUSINESS TAX RECEIPT FEES DUE

TRANSFER FEE	() PENALTY FEE	FIRE INSP. FEE	SPEC EXCEPTION TR	TOTAL FEES DUE

PRORATED BUSINESS TAX FEES AS OF APRIL 1, AT 75% OF THE ANNUAL FEE

APRIL 1 (75 %)	MAY 1 (70%)	JUNE 1 (65%)	JULY 1 (60%)	AUGUST 1 (55 %)	SEPTEMBER 1 (50%)
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

BUSINESS TAX RECEIPT Application Routing and Approvals

BUSINESS REVENUE SPECIALIST

INITIAL REVIEW: BY: _____ DATE: _____

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BUSINESS TAX RECEIPT Application Routing and Approvals Continued:

Senior Business Revenue Specialist: By: _____ Date: _____

Planning & Zoning: By: _____ Date: _____

Zoning District: _____ Comments: _____

(PLEASE PROVIDE COPIES OF DOCUMENTS PERTINENT TO YOUR BUSINESS WHEN SUBMITTING APPLICATION)

ALCOHOL BEVERAGE LICENSE - 954-917-1350		HOTEL & RESTAURANT APPROVAL - 850-487-1395 5080 COCONUT CREEK PARKWAY- MARGATE, FL
ALF & ADULT CARE LICENSE - 850-487-2515		HRS LICENSE - 954-537-2800 2995 N. DIXIE HIGHWAY - FT. LAUDERDALE, FL
ARC BOND OR LETTER OF CREDIT		IMPORT & EXPORT LICENSE DEPT. OF COMMERCE - 407-316-4730
ARTICLES OF INCORPORATION - 850-245-6052		INTENT & WAIVER - CITY OF TAMARAC DOCUMENT (RESIDENTIAL BUSINESS OFFICES)
BILL OF SALE OR CLOSING STATEMENT (IF APPLICABLE)		INTERNAL REVENUE PROOF OF NON-PROFIT 501-C
BROWARD COUNTY CONSUMER AFFAIRS 954-765-5350		LEASE AGREEMENT (If Applicable)
BROWARD COUNTY HEALTH DEPARTMENT 954-467-4700		LIABILITY INSURANCE (BUSINESS LIABILITY)
BROWARD COUNTY BUSINESS TAX RECEIPT 954- 468-3488 115 SOUTH ANDREWS AVENUE, FT. LAUDERDALE		MERCHANT AFFIDAVIT
BUSINESS TAX LICENSE FEES		SALES TAX OR FEDERAL ID NUMBER
CERTIFICATE OF OCCUPANCY - CITY OF TAMARAC BUILDING DEPT. 6011 NOB HILL RD - 954-597-3420		SANITATION AGREEMENT - 4 TO 6 PICK-UPS PER WEEK (CITY OF TAMARAC CODE OF ORDINANCE REQUIREMENT)
CERTIFICATE OF COMPETENCY - BROWARD CNTY 954-765-5108		SITE PLAN - REQUIRED FOR OUTSIDE EVENTS
CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY 954-597-5350		SOCIAL SECURITY NUMBER (IF NO TAX ID NUMBER) SS# -
CLEAN-UP STATEMENT - OUTSIDE EVENTS		SPECIAL EXCEPTION (NEW) CALL ZONING - 954-597-3533 or SPECIAL EXCEPTION ADM. TRANSFER (EXISTING)
COIN OPERATED & AMUSEMENTS MACHINES		STORAGE TANK FACILITY LICENSE - 850-245-8839
DRIVERS LICENSE - CLEAR PICTURE		VEHICLE LIABILITY INSURANCE
FICTITIOUS NAME REGISTRATION (If applicable)		WARRENTY DEED (If applicable)
FIRE INSPECTION		<u>OTHER:</u>
FLORIDA STATE PROFESSIONAL LICENSE 850-487-195 OR 954-917-1330		
FOOD SERVICE MANAGER TRAINING CERTIFICATE 1-850-488-3951		
GREASE TRAP MAINTENANCE AGREEMENT		
HOLD HARMLESS AGREEMENT - CITY DOCUMENT		

****FIRE INSPECTION****

"ANY APPLICATION FOR A NEW BUSINESS TAX RECEIPT IN AN EXISTING BUILDING WILL REQUIRE A FIRE LIFE SAFETY INSPECTION". ANY APPLICATION FOR A NEW BUSINESS TAX RECEIPT IN A NEW BUILDING WILL REQUIRE THE FIRE LIFE SAFETY INSPECTION AFTER THE BUILDING HAS PASSED ALL CITY REQUIRED INSPECTIONS INCLUDING A "FIRE FINAL C/O".

BROWARD COUNTY BUSINESS TAX RECEIPT

AFTER OBTAINING A CITY OF TAMARAC BUSINESS TAX RECEIPT, IT IS REQUIRED TO OBTAIN A BROWARD COUNTY BUSINESS TAX RECEIPT AT: 115 SOUTH ANDREWS AVENUE, FT. LAUDERDALE, FL. (954) 597-831-4000