



THIS APPLICATION MUST BE PRESENTED IN PERSON TO THE OFFICE LISTED BELOW FOR PROCESSING

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
REVENUE COLLECTION DIVISION ~ Tax & License Section
115 S. Andrews Avenue Room A-100, Fort Lauderdale, Florida 33301 (954) 831-4000

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT (Formally Known as Occupational License)

A BUSINESS TAX RECEIPT IS NOT A GUARANTEE THAT YOUR BUSINESS IS OPERATING IN COMPLIANCE WITH LOCAL LAWS. IF YOUR BUSINESS IS LOCATED WITHIN A MUNICIPALITY'S JURISDICTION, CHECK WITH THAT MUNICIPALITY FOR THE ZONING REQUIREMENTS. LINK TO CITIES IN BROWARD: http://www.rootsweb.com/~flbrowar/cities.html

1. Is your business within the unincorporated area of Broward County? Yes _____ No _____

If yes, you must obtain a certificate of use from Broward County's Building Code Services your Business Tax Receipt will be issued. Their office is located at 1 N. University Dr., Plantation FL 33324 http://www.broward.org/building/welcome.htm

2. Name of Business _____

3. Name of owner, principal or officer _____

4. Business Location _____
Street City Zip Code

5. Owner Address: _____
Street City Zip Code

6. Mailing Address: _____
Street City Zip Code

7. Business Phone _____ 8. Social Security # or Federal ID # _____

9. Type of Business _____ 10. Date business Opened or will open _____

11. Number of employees (including owner and principals) _____

12. Do you own (not lease) any coin-operated, merchandise, service or amusement machines on the premises? Yes _____ No _____ How many? _____
What type of machine(s)? (Merchandise or Amusement) _____

Date _____ Name of Applicant (Please Print) _____

Signature _____ Title: _____

SUBJECT: FICTITIOUS NAME ACT: "FS 865.09"

(1) I declare that I have registered, or will register, with the Division of Corporations of the Department of State, for the Fictitious Name Act.

PRINT YOUR NAME _____

PRINT YOUR FICTITIOUS NAME (D/B/A) _____

OR

(2) I do not have to comply with the Fictitious Name Act because: Check Appropriate Box

- I AM USING MY FULL LEGAL NAME
MY BUSINESS IS REGISTERED AS A CORPORATION
OTHER

FAILURE TO COMPLY WITH THE FICTITIOUS NAME REGISTRATION PROVISIONS OF SECTION 865.09, FLORIDA STATUTES, IS A MISDEMEANOR OF THE SECOND DEGREE AND PUNISHABLE AS PROVIDED IN SECTION 775.082 OR SECTION 775.083, FLORIDA STATUTES. I UNDERSTAND THAT BY SIGNING THIS FORM, THAT IF ANY OF THE ABOVE IS NOT TRUE, I WILL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Signature _____ Date _____

THIS AFFIDAVIT IS NOT THE APPLICATION FOR THE REGISTRATION OF YOUR FICTITIOUS NAME. Fictitious Name Registration Packets can be obtained in the Governmental Center's Main Lobby at the Security Desk or:

Florida Department of State, Division of Corporations (850)-488-9000

You may register on-line at: www.sunbiz.org