



# Business Tax Receipt Checklist

## PROCESS STEPS

**IMPORTANT: read and follow the directions provided**

### 1. Verify Proposed Use

The applicant shall verify with the Planning and Zoning Division (954-973-6756), that the proposed use/business is permitted.

### 2. Business Tax Receipt Application

The applicant shall complete the Business Tax Receipt Application form and submit it to the City for review **at least two weeks prior** to proposed business opening. Application must be completed **IN FULL**.

### 3. Building Permits/Certificate of Occupancy (CO)

For any new construction or remodeling, the applicant is responsible for obtaining applicable building permits and obtaining a Certificate of Occupancy (CO) from the Building Division. **The CO permits the owner to occupy the premises, but NOT to conduct business.** After obtaining CO, applicant must schedule Occupational Use Inspections.

### 4. Sign Information

Refer to Municode.com for specific guidelines (Ch13, Article III, Division 4, Subdivision 5.2, Sec. 13-459)

### 5. Occupational Use Inspections

The applicant must schedule Occupational Use (OU) inspections, with the Business Tax Division, which includes: Structural, Electrical, Plumbing, Mechanical, Fire, and Zoning. A fire extinguisher with a minimum of 4A10BC rating (approx. 5-7 lbs.) is required and installed so that the bottom of the fire extinguisher is (3) feet above the floor. All emergency lighting and exit signs shall be in working order before inspection. Call 954-956-1514 for further fire information. All 6 inspectors will be at the business location on the scheduled date between the hours of 9 a.m. and 6 p.m. *It is imperative that someone be on site during these hours.* Please note that a re-inspection fee of \$40 will be assessed for **EACH** inspector who is not able to gain access to the building. **(6ft ladder must be available)**

### 6. Food/Facility Inspection – if applicable

Restaurants must call the Department of Business and Professional Regulation – Division of Hotels and Restaurants at 850-487-1395 for final food/facility inspection.

### 7. After obtaining a City Business Tax Receipt & Zoning Certificate

An approved Business Tax Receipt must be conspicuously displayed for public view at the business location. Applicants are required to obtain a Broward County Business Tax Receipt at: **115 S. Andrews Ave, Ft. Lauderdale FL (954) 831-4000.**

## CHECKLIST

### Mandatory Documents

- Lease Agreement or Warranty Deed
- Articles of Incorporation / Partnership Paper / LLC Papers
- Floor Plan (*obtain from leasing/management company*)

### 'If applicable' Documents to be included only if they apply to you

- Certificate of Occupancy (*generally for new businesses or remodels*)
- Exemption Status 501C (*if applicable*)
- Fictitious Name Registration/DBA filed with State (*if applicable*)
- From Broward County
  - Broward County Certificate of Competency (*required for most building, construction, and trade industries*)
  - Broward County Health License (*required if restaurant, food store, etc.*)
  - Broward County HRS Child Care License (*required if child care operator*)
  - Broward County ALF (*Assisted Living Facility*)
- From State
  - Professional State License from Dept. of Business & Professional Regulations (*required for most professions*)
  - Alcohol and Tobacco License
  - Annual Food Permit
  - State Certification (*as required per business type*)
  - Department of Professional Regulation Inspection Report (as applicable) Phone 850-487-1395





# Business Tax Receipt Application

(Office use only) Business ID # \_\_\_\_\_

## APPLICATION TYPE

|   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>New Business</b>                              | <input type="checkbox"/> <b>Changes</b>  | <b>Existing Business Name &amp; ID Number</b> |
| <input type="checkbox"/> Commercial<br><input type="checkbox"/> Insurance | <input type="checkbox"/> Owner Change<br><input type="checkbox"/> Location Change<br><input type="checkbox"/> Business Name Change |   |

## BUSINESS

|  |  |
|--|--|
| <input type="checkbox"/> Individual (if individual, move on to next section) | <input type="checkbox"/> LLC   |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Food Vendor/Lunch Truck (attach Food Vendor Supplement) |
| <input type="checkbox"/> Corporation   | <input type="checkbox"/> Other _____   |

List all names and addresses of partners and officers below. Attach additional sheet if necessary.

|                |  |              |  |
|----------------|--|--------------|--|
| <b>Name</b>    |  |              |  |
| <b>Phone</b>   |  | <b>Email</b> |  |
| <b>Address</b> |  |              |  |

|                |  |              |  |
|----------------|--|--------------|--|
| <b>Name</b>    |  |              |  |
| <b>Phone</b>   |  | <b>Email</b> |  |
| <b>Address</b> |  |              |  |

## BUSINESS INFORMATION

|                                 |  |            |  |                        |
|---------------------------------|--|------------|--|------------------------|
| <b>Business Name</b>            |  |            |  |                        |
| <b>DBA Name (if applicable)</b> |  |            |  |                        |
| <b>Business Phone</b>           |  | <b>Fax</b> |  | <b>Fed ID #</b>        |
| <b>Physical Address</b>         |  |            |  |                        |
| <b>Mailing Address</b>          |  |            |  |                        |
| <b>Contact Name</b>             |  |            |  | <b>Phone</b>           |
| <b>Email</b>                    |  |            |  |                        |
| <b>Leasing Agent/Company</b>    |  |            |  | <b>Phone</b>           |
| <b>Development Name</b>         |  |            |  | <b>Sq. ft. of Unit</b> |

## COMPLETE EACH SECTION BELOW AS APPLICABLE

|   |  |   |  |
|---|--|---|--|
| <b>Auto Rental (# of vehicles)</b>      |  | <b>Hair/Beauty Salon (# of technicians)</b> |  |
| <b>Gas Station (# of nozzles)</b>       |  | <b>Manufacturers (# of employees)</b>       |  |
| <b>Apartment Complex (# of units)</b>   |  | <b>Restaurants (# of seats)</b>             |  |
| <b>Real Estate (# broker/appraiser)</b> |  | <b>Other (# of employees)</b>               |  |

\*\*\*If coin machines, indicate on separate sheet, number of machines, location, & dollar amount of machines.

## DETAILED DESCRIPTION OF BUSINESS & NUMBER OF EMPLOYEES – REQUIRED!

|  |
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|  |



**OWNER INFORMATION**

|                    |  |              |            |
|--------------------|--|--------------|------------|
| Owner Name         |  |              |            |
| Phone              |  | Email        |            |
| Home Address       |  |              |            |
| Driver's License # |  | SS# optional | Birth Date |

**AGENT INFORMATION** (if different than owner)

|                    |  |              |            |
|--------------------|--|--------------|------------|
| Agent Name         |  |              |            |
| Phone              |  | Email        |            |
| Home Address       |  |              |            |
| Driver's License # |  | SS# optional | Birth Date |

**AFFIDAVIT** Sign in Presence of Notary Only

This is to certify that all information given is true and accurate. I have read this application and the statements contained herein are true and correct to the best of my knowledge.

|           |  |       |  |      |  |
|-----------|--|-------|--|------|--|
| Signature |  | Print |  | Date |  |
|-----------|--|-------|--|------|--|

**STATE OF FLORIDA, COUNTY OF BROWARD, SWORN TO AND SUBSCRIBED BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

|   |                                      |             |  |
|---|--------------------------------------|-------------|--|
| <input type="checkbox"/> Personally Known | <input type="checkbox"/> Produced ID | Type of ID: |  |
|---|--------------------------------------|-------------|--|

|  |                  |  |  |
|--|------------------|--|--|
| <b>Notary Public</b><br>(sign & stamp) |                  |  |  |
|  | Notary Signature |  |  |

**OFFICE USE ONLY**

|               |  |             |  |
|---------------|--|-------------|--|
| Approved Date |  | Approved By |  |
|---------------|--|-------------|--|

|               |  |
|---------------|--|
| Contingencies |  |
|---------------|--|

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| Rejected Date |  | Rejected By |  |
|---------------|--|-------------|--|

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| Contingencies/Reasons |  |
|-----------------------|--|

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COCONUT CREEK POLICE DEPARTMENT  
 4800 WEST COPANS ROAD  
 COCONUT CREEK, FLORIDA 33063

# POLICE CALL OUT INFORMATION

**SELECT ONE OF THE FOLLOWING**

NEW

UPDATE/CORRECTIONS

HOME BUSINESS



|                       |  |  |                          |  |             |
|-----------------------|--|--|--------------------------|--|-------------|
| <b>Business Name</b>  |  |  |                          |  |             |
| <b>Address</b>        |  |  |                          |  |             |
| <b>Business Hours</b> |  |  |                          |  |             |
| <b>Business Phone</b> |  |  | <b>After Hours Phone</b> |  |             |
| <b>Alarm System</b>   |  |  | <b>Alarm Reset</b>       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Time</b> |
| <b>Alarm Company</b>  |  |  | <b>Alarm Phone</b>       |  |             |
| <b>How Many Exits</b> |  |  |                          |  |             |

**CALL OUT CONTACTS** (If you are not available, list who should be contacted in case of an emergency)

| NAME | AFFILIATION | PHONE | EXTENSION |
|------|-------------|-------|-----------|
|      |             |       |           |
|      |             |       |           |
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**ADDITIONAL COMMENTS**

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# Occupational Use (OU) Inspection Form

## POST ON PROPERTY FOR INSPECTIONS

**6 FOOT LADDER MUST BE AVAILABLE**

**\*\*\*\*ALL FAILED INSPECTIONS AUTOMATICALLY RESULT IN A CODE CASE\*\*\*\***

|   |  |  |  |      |  |  |
|---|--|--|--|------|--|--|
| <b>BUSINESS NAME</b>  |  |  |  |      |  |  |
| <b>ADDRESS</b>  |  |  |  |      |  |  |
| <b>INSPECTORS' COMMENTS</b>   |  |  |  |      |  |  |
| <b>BUILDING</b>   |  |  |  |      |  |  |
| Inspector's name  |  |  |  | Date |  |  |
| Comments  |  |  |  |      |  |  |
|   |  |  |  |      |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Compliance Date: _____    Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |      |  |  |
| <b>ELECTRICAL</b>   |  |  |  |      |  |  |
| Inspector's Name  |  |  |  | Date |  |  |
| Comments  |  |  |  |      |  |  |
|   |  |  |  |      |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Compliance Date: _____    Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |      |  |  |
| <b>FIRE</b>   |  |  |  |      |  |  |
| Inspector's name  |  |  |  | Date |  |  |
| Comments  |  |  |  |      |  |  |
|   |  |  |  |      |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Compliance Date: _____    Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |      |  |  |
| <b>MECHANICAL</b>   |  |  |  |      |  |  |
| Inspector's name  |  |  |  | Date |  |  |
| Comments  |  |  |  |      |  |  |
|   |  |  |  |      |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Compliance Date: _____    Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |      |  |  |
| <b>PLUMBING</b>   |  |  |  |      |  |  |
| Inspector's name  |  |  |  | Date |  |  |
| Comments  |  |  |  |      |  |  |
|   |  |  |  |      |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Compliance Date: _____    Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |      |  |  |
| <b>ZONING</b>   |  |  |  |      |  |  |
| Inspector's name  |  |  |  | Date |  |  |
| Comments  |  |  |  |      |  |  |
|   |  |  |  |      |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Compliance Date: _____    Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |      |  |  |

