

**CITY OF TAMARAC**  
**BUSINESS REVENUE RECEIPT COMMERCIAL APPLICATION**  
 (Make Checks Payable to City of Tamarac)  
 7525 NW 88 AVENUE – TAMARAC, FL 33321-2401  
 Attn: Judy Yacobellis, Sr. Business Revenue Specialist  
 Phone: (954) 597-3537 Fax: (954) 597-3540

BUSINESS NUMBER: _____ _____
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**SECTION I: (To Be Completed By Applicant) Business E-Mail Address:**

Please Print Clearly Fax Number:

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: \_\_\_\_\_

**Fully Describe Nature of Business At This Location:**

Business Owner Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Business Mailing Address:

Suite or Bay No. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number:

**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 REVENUE 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 REVENUE 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 Revenue Receipt issued to me. **Fees are not refundable.** I further understand that the issuance of any Business Revenue 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 of the City of Tamarac and such failure may be just cause for immediate revocation of any Business Revenue Receipt issued. I have read and understand the Business Revenue Receipt information provided which may or may not be applicable to my business.

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III: BUSINESS PLAN (REQUIRED)**

Please complete a detailed description of your business operation; include all main and accessory uses. A detailed Business Plan will assist the Business Revenue Division in classifying all uses at your business establishment but also is a requirement of the City of Tamarac Fire Department as a Life & Safety issue. As this information may change during the fiscal year, you may be asked to update the information during the Fiscal Year, October 1<sup>st</sup> to September 30<sup>th</sup>.

**FOR OFFICE USE ONLY**

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

CLASSIFICATION:	LICENSE FEE	PRO-RATED FEE	LICENSE NUMBER

**BUSINESS REVENUE RECEIPT FEES DUE**

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

**PRORATED BUSINESS REVENUE 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 Revenue Receipt Application Routing and Approvals**

**BUSINESS REVENUE SPECIALIST**

**INITIAL REVIEW: BY: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Business Revenue Receipt Application Routing and Approvals Continued:**

Senior Business Revenue Specialist:      By: \_\_\_\_\_      Date: \_\_\_\_\_

Planning & Zoning:      By: \_\_\_\_\_      Date: \_\_\_\_\_

Zoning District: \_\_\_\_\_      Comments: \_\_\_\_\_

Director of Community Development:      By: \_\_\_\_\_      Date: \_\_\_\_\_

Comments: \_\_\_\_\_



**INDICATES BUSINESS REVENUE DOCUMENTS REQUIRED**  
(PLEASE PROVIDE COPIES OF ALL DOCUMENTS CHECKED WHEN SUBMITTING APPLICATION)



**INDICATES DOCUMENTS OBTAINED**

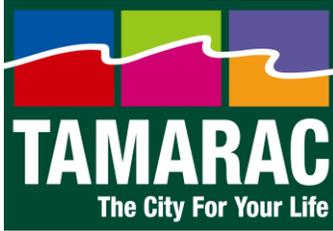
ALCOHOL BEVERAGE LICENSE – 954-917-1350		HOTEL & RESTAURANT APPROVAL – 850-487-1395 5080 COCONUT CREEK PARKWAY- MARGATE, FL
ALF & ADULT CARE LICENSE – 850-487-2515		HRS LICENSE – 954-357-4800 2995 N. DIXIE HIGHWAY – FT. LAUDERDALE, FL
ARC BOND OR LETTER OF CREDIT		IMPORT & EXPORT LICENSE – 850-488-4366 (Dept. of Agriculture & Consumer Services)
ARTICLES OF INCORPORATION – 850-245-6052		IMPORT & EXPORT LICENSE – 1-800-342-0771 (US DEPT OF COMMERCE)
BILL OF SALE OR CLOSING STATEMENT (IF APPLICABLE)		INTENT & WAIVER – CITY OF TAMARAC DOCUMENT (RESIDENTIAL BUSINESS OFFICES)
BROWARD COUNTY CONSUMER AFFAIRS 954-765-5350		INTERNAL REVENUE PROOF OF NON-PROFIT 501-C
BROWARD COUNTY HEALTH DEPARTMENT 954-467-4700		LEASE AGREEMENT or PROPERTY OWNER PERMISSION
BROWARD COUNTY BUSINESS TAX RECEIPT 954- 831-4000 115 SOUTH ANDREWS AVENUE, FT. LAUDERDALE		LIABILITY INSURANCE (BUSINESS LIABILITY)
CERTIFICATE OF OCCUPANCY – CITY OF TAMARAC BUILDING DEPT. 6011 NOB HILL RD – 954-597-3420		MERCHANT AFFIDAVIT – CITY OF TAMARAC DOCUMENT
CERTIFICATE OF COMPETENCY – BROWARD CNTY 954-765-4400		PARTNERSHIP DOCUMENTS
CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY 954-597-5350		PAYMENT OF BUSINESS REVENUE FEES DUE (CITY OF TAMARAC FEES)
CLEAN-UP STATEMENT – OUTSIDE EVENTS		SALES TAX OR FEDERAL ID NUMBER - 800-829-3676
COIN OPERATED & AMUSEMENTS MACHINES		SANITATION AGREEMENT – 4 TO 6 PICK-UPS PER WEEK (CITY OF TAMARAC CODE OF ORDINANCE REQUIREMENT)
COSMETOLOGY LICENSE – 850-487-2252 - SALON & EACH INDIVIDUAL		SITE PLAN – REQUIRED FOR OUTSIDE EVENTS
DRIVERS LICENSE – CLEAR PICTURE (EACH)		SOCIAL SECURITY NUMBER (IF NO TAX ID NUMBER) SS# -
FICTITIOUS NAME REGISTRATION		SPECIAL EXCEPTION (NEW) CALL ZONING – 954-597-3533 or SPECIAL EXCEPTION ADM. TRANSFER (EXISTING)
FIRE INSPECTION (CITY)		STATE FLORIDA PROFESSIONAL LICENSE - DBPR 850-487-1395 - (EACH)
FOOD SERVICE MANAGER TRAINING CERTIFICATE 1-850-488-3951		STORAGE TANK FACILITY LICENSE - 850-245-8839
GREASE TRAP MAINTENANCE AGREEMENT		VEHICLE LIABILITY INSURANCE
HAZARDOUS FACILITY LICENSE 954-519-1260		WARRENTY DEED
HOLD HARMLESS AGREEMENT – CITY DOCUMENT		OTHER -

**\*\*FIRE INSPECTION\*\***

“ANY APPLICATION FOR A NEW BUSINESS REVENUE RECEIPT IN AN EXISTING BUILDING WILL REQUIRE A FIRE LIFE SAFETY INSPECTION”. ANY APPLICATION FOR A NEW BUSINESS REVENUE 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 REVENUE RECEIPT, IT IS REQUIRED TO OBTAIN A BROWARD COUNTY BUSINESS TAX RECEIPT AT: 115 SOUTH ANDREWS AVENUE, FT. LAUDERDALE, FL. (954) - 831- 4000



## MERCHANT'S AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF BROWARD:

**BEFORE ME**, the undersigned authority, personally appeared \_\_\_\_\_,  
to me know to be the person executing this Affidavit and states as follows:

- (1) Name of Business:
- (2) That She/He is the:  
(President, Owner, Agent, Director, Etc.)

Of the above described business and makes this Affidavit of Her/His own personal Knowledge.

- (3) That the RETAIL and/or WHOLESale value of stock of the aforesaid business is not greater than \$\_\_\_\_\_.

Signature: \_\_\_\_\_

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

**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_, at Tamarac, Broward County,  
Florida.

\_\_\_\_\_  
NOTARY PUBLIC STATE OF FLORIDA  
AT-LARGE

Print Name: \_\_\_\_\_

My Commission Expires: