

City of Tamarac

APPLICATION FOR

RESIDENTIAL BUSINESS REVENUE RECEIPT

7525 NW 88TH AVE – TAMARAC, FL 33321-2401

(954) 597-3537

FAX: (954) 597-3540

BUSINESS NO.

CHECK ONE <input checked="" type="checkbox"/>	NEW BUSINESS <input type="checkbox"/>	<input checked="" type="checkbox"/>	CHANGE OF ADDRESS <input type="checkbox"/>	NAME CHANGE <input type="checkbox"/>
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DATE: _____ APPLICANT NAME: _____

HOME NO.	FAX NO.	CELL NO.
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SOCIAL SECURITY NO.	TAX IDENTIFICATION NO.
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BUSINESS NAME:	BUSINESS PH:
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D/B/A: _____ E-MAIL ADDRESS: _____

BUSINESS ADDRESS: _____

APARTMENT NO.	BUILDING / COMPLEX NO.
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COMMUNITY / SUBDIVISION NAME: _____

MAILING ADDRESS: _____

STATE	FLORIDA	CITY	ZIP CODE:
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***FULLY DESCRIBE AN EXACT AND DETAILED BUSINESS PLAN:**

***A detailed description of your business operation is required; please list all main and accessory uses. A detailed Business Plan will assist the Business Revenue Division in approving your Restricted Residential Business Revenue Receipt (License) and will also assist the City of Tamarac Fire Department, at the time of the Residential Fire Inspection, that all Life & Safety issues have been met.**

DEED RESTRICTIONS: **PRIOR** TO APPLYING FOR A RESTRICTED RESIDENTIAL BUSINESS, AND PAYING THE APPLICABLE FEE, PLEASE CHECK WITH YOUR HOMEOWNERS ASSOCIATION FOR DEED RESTRICTIONS WHICH MAY PROHIBIT THIS USE AT YOUR RESIDENCE. THE BUSINESS REVENUE FEE IS NOT REFUNDABLE.

FIRE INSPECTION: SCHEDULED FIRE INSPECTION DATE: _____
 INTENT/WAIVER AFFIDAVIT SUBMITTED: _____
 FIRE INSPECTION APPROVAL DATE: _____

REQUIREMENTS FOR RESIDENTIAL FIRE INSPECTION

WORKING SMOKE DETECTOR OUTSIDE EACH BEDROOM IN ADDITION TO A 2A-10BC FIRE EXTINGUISHER; WITH AN ANNUAL SERVICE TAG FROM A FIRE EXTINGUISHER CONTRACTOR. HOUSE NUMBERS, AT LEAST FOUR (4) INCHES HIGH, MUST BE DISPLAYED OUTSIDE OF HOME.

THE RESTRICTED RESIDENTIAL BUSINESS REVENUE RECEIPT, WHICH HAS BEEN ISSUED TO ME, AUTHORIZES THE CITY THE RIGHT TO INSPECT MY RESIDENCE IN THE EVENT THE CITY HAS REASONABLE CAUSE TO BELIEVE I AM IN VIOLATION OF THE PROVISION OF ORDINANCE 0-9-92-36. THIS WAIVER PERMITTING INSPECTIONS SHALL BE EFFECTIVE BEFORE THE ISSUANCE OF THE RESTRICTED RESIDENTIAL BUSINESS REVENUE RECEIPT AND FOR ANY RENEWALS OF MY BUSINESS REVENUE RECEIPT AND FIRE RE-INSPECTIONS. THE EXECUTION OF A NEW FIRE INSPECTION MAY NOT BE REQUIRED AT EACH RENEWAL UNLESS THERE IS A CHANGE IN BUSINESS NAME, USES, OR ADDITIONAL RESTRICTED RESIDENTIAL BUSINESS REVENUE RECEIPT IS ISSUED AT THE RESIDENCE.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

THIS PAGE FOR OFFICE USE ONLY

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

BUSINESS CLASSIFICATION	BUSINESS FEE	PRO-RATED FEE	BUSINESS NUMBER
HOM - HOME RESIDENTIAL OFFICE*	\$212.30		
F1 - FIRE FEE - NOT A PRORATED FEE	\$50.00		

BUSINESS RESTRICTIONS & COMMENTS

HOME/RESIDENTIAL OFFICE MAIL/PHONE ONLY - NO EMPLOYEES, CLIENTS, STORAGE, RETAIL SALES AT RESIDENCE.

OTHER: * ALL INDIVIDUALS WITH A STATE LICENSE WILL ALSO REQUIRE A CITY PROFESSIONAL LICENSE

APRIL 1 (75%)	MAY 1 (70%)	JUNE 1 (65%)	JULY 1 (60%)	AUGUST 1 (55 %)	SEPTEMBER 1 (50%)
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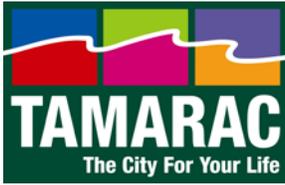
LICENSE TRANSFER (10%)	(25%) PENALTY OPERATING WITHOUT LICENSE	FIRE INSPECTION FEE	TOTAL CURRENT FEE
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BUSINESS REVENUE RECEIPT APPLICATION ROUTING AND APPROVALS

INITIAL REVIEW:	BY: _____	DATE: _____
SR. OCC. LIC. SPECIALIST APPROVAL:	BY: _____	DATE: _____
PLANNING & ZONING APPROVAL:	BY: _____	DATE: _____
ZONING DISTRICT: _____	COMMENTS: _____	

DIRECTOR OF COMMUNITY DEVELOPMENT APPROVAL: _____

DATE: _____ **COMMENTS:** _____



CITY OF TAMARAC
DECLARATION OF INTENT AND WAIVER
STATE OF FLORIDA
COUNTY OF BROWARD

I, _____, AGREE TO COMPLY WITH THE
FOLLOWING STANDARDS &
(PRINT NAME OF APPLICANT)
CONDITIONS SET IN CODE OF ORDINANCE NO. 0-9-92-36, FOR A RESIDENTIAL BUSINESS TO BE
LOCATED AT _____ FOR THE FOLLOWING BUSINESS
(ADDRESS)
ENTITY: _____

- There shall be no person employed in the home occupation who is not a permanent domiciliary resident of the dwelling unit in which the home occupation exists.
The floor area within the dwelling unit devoted to the home occupation shall not exceed 25% of the gross floor area of the dwelling unit excluding porches, garages, carport, and other areas which are not considered living area
The activities of the home occupation shall occur entirely within the dwelling unit, excluding accessory structures such as garages, carport, carport and shed.
There shall be no external evidence of the existence of home occupation with a dwelling unit. Signs, displays, off-street parking areas other than driveways normally required for residential use, or other advertising of any kind are prohibited.
No goods or services of any kind shall be sold or transferred to a customer or client on the premises of the home occupation, excluding facsimile machine, telephone and/or postal transactions.
The home occupation shall not create noise, vibration, glare, fumes, odors, dust, smoke or electromagnetic disturbances. No equipment or processes shall be used which create visual or audible interference in any radio or television receiver located nearby. No chemicals or chemical equipment shall be used except those that are used for domestic or household purposes.
Vehicular and pedestrian traffic shall not be generated by this home occupation in a greater volume or a different vehicle type than the traffic typical in any resident neighborhood in the City.
Deliveries of any kind required by and made to the premises of the home occupation shall not exceed one business delivery per day.
The City shall have the right to reasonably inspect the premises upon which the home occupation is conducted to insure compliance with the foregoing standards and conditions, and to investigate complaints, if, any, from neighbors.
The applicant of the home occupation agrees to comply with the conditions imposed by the Department of Community development to insure compliance with such standards.
Violation of these standards and conditions is deemed a violation of the City of Tamarac code of Ordinance. Failure by the home occupation licensee to comply with the standards of this section and with the conditions imposed by the Department of Community Development shall be deemed a violation of the City if Tamarac Code of Ordinances.
The applicant for the Residential Business Revenue Receipt acknowledges that a departure from any of these standards or conditions may result in a suspension or termination of the Residential Business Revenue Receipt.

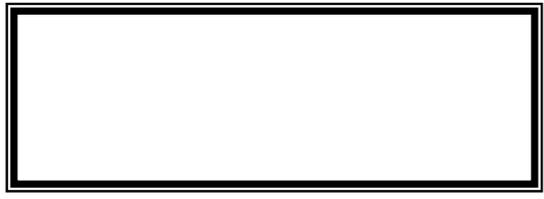
I HAVE READ AND AGREE TO THE STANDARDS AND CONDITIONS SET FORTH ABOVE. I AFFIRM THAT THE INFORMATION GIVEN ON THIS DOCUMENT IS TRUE. ANY INTENTIONAL MISREPRESENTATION ON THIS DOCUMENT SHALL BE CONSIDERED A FALSE OFFICIAL STATEMENT IN VIOLATION OF FLORIDA STATE STATUTE 831.02 AND SHALL BE PROSECUTED ACCORDING TO LAW.

(SIGNATURE OF APPLICANT) _____ (DATE) _____

Sworn to and subscribe before me this _____, day of _____ 20_____

By _____ who is personally known to me or has produced _____ ID.
(NAME OF PERSON) (TYPE OF IDENTIFICATION)

NOTARY PUBLIC SIGNATURE _____
PRINT NAME OF NOTARY PUBLIC _____



NOTARY PUBLIC SEAL OATH ADMINISTERED



INDICATES DOCUMENTS REQUIRED X INDICATES DOCUMENTS OBTAINED

<input type="checkbox"/> ALCOHOL BEVERAGE LICENSE - 954-917-1350	<input type="checkbox"/> HOTEL & REST. APPROVAL – 954-956-5692 5080 COCONUT CREEK PARKWAY – MARGATE, FL
<input type="checkbox"/> ARC BOND / LETTER OF CREDIT	<input type="checkbox"/> HRS LICENSE - 954-357-4800 2995 N DIXIE HIGHWAY FT LAUDERDALE 33334
<input type="checkbox"/> ARTICLE OF INCORPORATION	<input type="checkbox"/> INTENT / WAIVER – CITY OF TAMARAC DOCUMENT
<input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> INTERNAL REVENUE - NON-PROFIT 501c
<input type="checkbox"/> BROWARD COUNTY - CONSUMERS AFFAIRS	<input type="checkbox"/> LEASE AGREEMENT - SIGNED
<input type="checkbox"/> BROWARD COUNTY - HEALTH DEPARTMENT	<input type="checkbox"/> LETTER
<input type="checkbox"/> BROWARD CNTY LICENSE - 954-831-4000 115 SOUTH ANDREWS AVENUE FT LAUDERDALE	<input type="checkbox"/> LIABILITY – INSURANCE - COPY
<input type="checkbox"/> CERTIFICATE OF COMPETENCY - BRWD COUNTY 954-765-4400	<input type="checkbox"/> MAIL BOX AFFIDAVIT
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY - 6011 NOBHILL RD BUILDING DEPT- 954-724-1250	<input type="checkbox"/> MERCHANT AFFIDAVIT
<input type="checkbox"/> CERTIFICATE OF PUBLIC - CONVENIENCE & NECESSITY CONSUMER AFFAIRS DIVISION 954-765-5350	<input type="checkbox"/> PARTNERSHIP PAPERS
<input type="checkbox"/> CLEANUP STATEMENT	<input type="checkbox"/> PAYMENT OCCUPATIONAL LICENSE
<input type="checkbox"/> COIN OPERATED - AMUSEMENT	<input type="checkbox"/> PROPERTY OWNER PERMISSION
<input type="checkbox"/> DRIVERS LICENSE - CLEAR PICTURE	<input type="checkbox"/> SANITATION AGREEMENT
<input type="checkbox"/> FICTITIOUS NAME REGISTRATION	<input type="checkbox"/> SITE PLAN
<input type="checkbox"/> FIRE INSPECTION	<input type="checkbox"/> SOCIAL SECURITY NUMBER
<input type="checkbox"/> FLORIDA STATE LICENSE	<input type="checkbox"/> SPECIAL EXCEPTION
<input type="checkbox"/> FOOD SERVICE MGR CERTIFICATE – 1-850-488-3951	<input type="checkbox"/> STORAGE TANK FACILITY LICENSE
<input type="checkbox"/> GREASE TRAP MAINTENANCE	<input type="checkbox"/> TAX IDENTIFICATION NUMBER
<input type="checkbox"/> HOLD HARMLESS AGREEMENT	<input type="checkbox"/> WARRANTY DEED
<input type="checkbox"/> HOUSE NUMBERS MUST BE DISPLAYED (4 IN. HIGH)	<input type="checkbox"/> WORKERS COMPENSATION

**AFTER OBTAINING A CITY BUSINESS REVENUE RECEIPT, IT IS REQUIRED TO OBTAIN A BROWARD COUNTY BUSINESS REVENUE RECEIPT AT:
115 SOUTH ANDREWS AVENUE, FORT LAUDERDALE FL (954) 831- 4000**

COMMENTS:



**CITY OF TAMARAC
COMMUNITY DEVELOPMENT DEPARTMENT
BUSINESS REVENUE DIVISION**

As part of the Business Revenue process, to obtain a “Residential Office Business Revenue Receipt”, a Fire Inspection is required. At the time of inspection, a City of Tamarac Fire Inspector will inspect your residential business office for the following; **FIRE EXTINGUISHER – 2A-10 B-C, WITH A CURRENT SERVICE TAG;** and any type **RESIDENTIAL SMOKE DETECTOR**, installed outside bedroom areas (two (2) smoke detectors are required if residence is two (2) floors, or is a “split bedroom design”). **HOUSE NUMBERS**, must be at least **FOUR (4) INCHES** high and must be displayed outside of the residence in contrasting colors visible from the front house (street side).

Please refer to your Telephone Directory under “Fire Extinguisher Companies: or search for locations near you via the internet to obtain the required Fire Extinguisher.

For questions relating to Fire & Life Safety issues pertaining to your Residential Fire Inspection, please call the Fire Prevention Division at (954) 597-3801 or call this office at (954) 597-3537.