



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) 357- 4829

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT (Formally Known as Occupational License)
OR apply online at broward.county-taxes.com/btexpress- Click "Apply for a new business tax account" (24-48hr processing period).

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.

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 Zoning.

See BMSD Zoning website for more information: http://www.broward.org/Planning/Zoning/Pages/Default.aspx

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 # / EIN \_\_\_\_\_

9. Type of Business \_\_\_\_\_ 10. Date business Opened in Broward County \_\_\_\_\_

11. Number of employees (including owner and principals) \_\_\_\_\_ 12. E-mail address \_\_\_\_\_

13. 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: \_\_\_\_\_

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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 SIGNING THIS FORM, 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 online at: www.sunbiz.org