



**City of Pompano Beach**  
 Department of Development Services  
 Business Tax Receipt Division

License Year \_\_\_\_\_



100 W. Atlantic Blvd Pompano Beach, FL 33060  
**Phone:** 954.786.4668 / 954.786.4633 **Fax:** 954.786.4666

**Application for BTR for Realtors**

S.S # \_\_\_\_\_ Federal ID # \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Applicant (print) \_\_\_\_\_ Date \_\_\_\_\_

Address of Business \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/ Emergency Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Real Estate Company Name \_\_\_\_\_

Real Estate Broker Real Estate Sales R. E. Property Appraiser  
 Form of Business: Individual Partnership Corporation LLC

65 or older – Proof of Age – Live within the City limits.

Depends on amount of investment - \$1000.00 or under (includes Board Dues, Real Estate license fees, etc.)

Proof of disability needed – Veteran of Non-Veteran. (Exempt forms must be filed each license year)

-A current copy of your Real Estate License, or Statement of Passing, from the Florida Real Estate Commission must be submitted with this application.

-Brokers must submit a copy of Company License as well as an individual License from the Florida Real Estate Commission.

Date business opened at this location \_\_\_\_\_.

The undersigned does hereby request that a Business Tax Receipt be issued to him on the basis of and subject to the herein set forth information with the understanding that all City of Pompano Beach ordinances shall be complied with whether specified or not and all information supplied on this application shall become public record. Giving false information on this application is unlawful and may result in prosecution, suspension or revocation of your Business Tax Receipt.

**Applicant Signature** **X** \_\_\_\_\_

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)						
Transfer of:	Name	Ownership	Address	New	Inventory Increase	Category change
Transferred Account Number:			Transferred License No.			
Zoning District:		Paid by: Cash	Check No. _____	Date Paid:	Receipt No.:	
The above described business has been determined to be	in compliance with use requirements of the district in which the activity is proposed to be located.					
	<b>not</b> in conformance with the use requirements of the district in which the activity is proposed to be located.					
Category:				Account Number:		
Ord. No.:						
Zoning Fee:				Zoning Official:		
Administrative Fee:						
Penalty Fee:				Business Tax Receipt Official:		
Business Tax Fee:						
Transfer Fee:				<b>Total \$:</b>	Date Issued:	
<b>Sub Total:</b>						