



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 Business Tax Receipt**

Name of Business \_\_\_\_\_ Date \_\_\_\_\_  
 Address of Business \_\_\_\_\_ Zip \_\_\_\_\_  
 Date business opened at this location \_\_\_\_\_ Number of Employees \_\_\_\_\_ Square Feet Occupied \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Federal ID # \_\_\_\_\_ **OR** Social Security Number \_\_\_\_\_ Sales Tax # \_\_\_\_\_  
 Bus. Phone # \_\_\_\_\_ Bus. Fax # \_\_\_\_\_ Web Address \_\_\_\_\_  
 Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
 Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Corp. Name \_\_\_\_\_ Address. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Type of Ownership Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietor [ ]

**\*\*ATTENTION\*\*** If the business involves outdoor sales or storage, a site plan is required. If the business involves a use **other than** retail, wholesale or manufacturing, a floor plan and site plan are required.

**Describe any and all conduct or activity of the business** \_\_\_\_\_  
 \_\_\_\_\_

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 (other than social security number) 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.

\_\_\_\_\_ (Print) **X** \_\_\_\_\_  
**Owner, Partner, or Corporate Officer's Name** **Owner, Partner, or Corporate Officer's Signature**

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>						