



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 Rental Property

Owner's Name (s) _____ Date _____

Type of Ownership: Corporation LLC Partnership Sole Proprietor

Owner's Social Security _____ **OR** Owner's FEIN # _____

Address of the Property _____ Zip _____

Type of Rental Unit: Single-family Home/ Duplex Triplex/ Fourplex
 Condo/ Townhome

Name of Applicant _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

E-Mail Address _____

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. | | | | | |
| | not 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: | | | | Total \$: | Date Issued: | |
| Sub Total: | | | | | | |