



License Year _____



City of Pompano Beach Florida Application for Business Tax Receipt

Phone (954)-786-4668

www.mypompanobeach.org

Fax (954)-786-4666

Name of Business _____ Date _____
 Address of Business _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Federal ID # _____ Bus. Phone _____ Emergency Phone _____
 Social Security Number _____ Bus. Fax _____ Sales Tax # _____
 Owners Name _____ Date of Birth _____
 Home Address _____ City _____ State _____ Zip _____
 Corp. Name _____
 Corp. Address _____ City _____ State _____ Zip _____
 Type of Ownership Corporation LLC Partnership Sole Proprietor
 Number of Employees _____ Square Feet Occupied _____
 E-Mail Address _____ Web Site Address _____

****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 _____

Attach additional sheet if necessary.

- 65 or older-proof of age-Broward County resident with less than \$1,000.00 investment
- Disability-proof of disability needed.
- Disabled Veteran-proof of disability needed.

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.

X _____
Applicant Signature

RETURN TO:

City of Pompano Beach P.O. DRAWER 1300 POMPANO BEACH FLA. 33061
Attention : Business Tax Receipt Division

For Office Use Only

Transfer: Name Ownership Address New Inventory Increase Category change
 Transferred Account No. _____ Transferred Business Tax Receipt No. _____
 Receipt No. _____ Paid by: Cash Check No. _____ Date Paid _____
 Zoning District: _____ The above described business has been determined to be
 in compliance with the 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: _____
 _____ Ord. No.: _____
 _____ Bus. Tax Fee: _____
 _____ Transfer Fee: _____
 _____ Penalty Fee: _____
 _____ Zoning Fee: _____
 _____ Admin Fee: _____
 _____ Sub Total _____

 Zoning Official

Total \$ _____

 Business Tax Receipt Official
 PB1254 REVISED 5/07

Account No. _____

Date Issued _____