



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



**City of Pompano Beach Florida Application for Business Tax Receipt**

Phone (954)-786-4668 www.mypompanobeach.org Fax (954)-786-4666

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.

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 License No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Paid by: Cash  Check No. \_\_\_\_\_ Date Paid \_\_\_\_\_

Zoning District: \_\_\_\_\_ 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: \_\_\_\_\_  
 Ord. No.: \_\_\_\_\_  
 Bus. Tax Fee: \_\_\_\_\_  
 Transfer Fee: \_\_\_\_\_  
 Penalty Fee: \_\_\_\_\_  
 Zoning Fee: \_\_\_\_\_  
 Admin Fee: \_\_\_\_\_  
 Sub Total \_\_\_\_\_

\_\_\_\_\_  
Zoning Director

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Business Tax Receipt Official  
PB1625 REVISED 5/07

Account No. \_\_\_\_\_

Date Issued \_\_\_\_\_