

Tax Fee:	\$ _____
Other Fee(s):	\$ _____
_____	\$ _____
_____	\$ _____
Fire Fee:	\$ _____
Total:	\$ _____

CITY OF CORAL SPRINGS COMMERCIAL BUSINESS TAX APPLICATION

ALL APPLICABLE AREAS MUST BE FILLED OUT

***FOR OFFICE USE ONLY ***	
NAIC: _____	Date: _____
Bus. Tax Class: _____	Fire Insp. Class: _____
Initials: _____	

BUSINESS LOCATION APPROVAL BY THE CORAL SPRINGS ZONING AND BUILDING DIVISIONS IS REQUIRED BEFORE YOUR LOCAL BUSINESS TAX RECEIPT CAN BE ISSUED.

THIS APPLICATION WILL ALSO BE REVIEWED BY THE CORAL SPRINGS POLICE AND FIRE DEPARTMENTS.

SECTION 1. FORM OF BUSINESS

CORPORATION LLC
 PARTNERSHIP FICTITIOUS NAME INDIVIDUAL/SOLE PROPRIETOR

NAME OF CORPORATION, LLC OR PARTNERSHIP: _____

SECTION 2. BUSINESS INFORMATION

NAME OF BUSINESS: _____

BUSINESS LOCATION ADDRESS: _____

OPENING DATE OF BUSINESS AT THIS LOCATION: _____

MAILING ADDRESS: _____

SUITE/BAY # _____ BUSINESS PHONE # _____ BUSINESS E-MAIL _____

TOTAL SQ. FOOTAGE: _____ DATE OF LEASE IN CORAL SPRINGS: _____

TOTAL NUMBER OF EMPLOYEES: _____ FULL TIME: _____ PART TIME: _____

LEASING AGENT: _____ PHONE # _____ E-MAIL _____

PROPERTY OWNER: _____ PHONE # _____ E-MAIL _____

TYPE OF BUSINESS: DESCRIBE TYPE OF BUSINESS. FAILURE TO PROVIDE ACCURATE INFORMATION COULD RESULT IN REVOCATION OF YOUR BUSINESS TAX RECEIPT AND LEGAL ACTION. FAILURE TO COMPLY WITH CITY CODES WILL RESULT IN REVOCATION OF TAX RECEIPT.

SECTION 3. OWNER/APPLICANT INFORMATION – RESPONSIBLE PARTY

NAME OF BUSINESS OWNER: _____

NAME OF APPLICANT: _____

HOME STREET ADDRESS OF BUSINESS OWNER: _____

CITY/STATE/ZIP: _____

CELL PHONE # _____ HOME PHONE # _____

FEDERAL EMPLOYER ID# _____ or SS# _____

(FEIN# or SS# REQUIRED PER FLORIDA STATUE 205.0535 (5))

DRIVER'S LICENSE #: _____ DATE OF BIRTH: _____

APPLICANT E-MAIL: _____ BUSINESS WEB SITE _____

DESIGNATED CONTACT PERSON, IF OTHER THAN THE APPLICANT OR OWNER:

PLEASE INCLUDE: NAME, ADDRESS, PHONE NUMBER AND E-MAIL:

ATTACHMENTS REQUIRED IF APPLICABLE

- ◆ ARTICLES OF INCORPORATION/LLC **AND/OR** FICTITIOUS NAME
- ◆ PERSONAL PROFESSIONAL LICENSE – STATE OR COUNTY
- ◆ BUSINESS STATE REGISTRATION CERTIFICATE
- ◆ BROWARD COUNTY COMPETENCY CERTIFICATE

**ADDITIONAL REQUIREMENTS FOR RESTAURANTS,
CONVENIENCE STORES, ASSISTED LIVING FACILITIES, DAYCARES, ETC.:**

- ◆ STATE RESTAURANT LICENSE
- ◆ STATE ALCOHOLIC BEVERAGE LICENSE
- ◆ HEALTH DEPARTMENT - STATE OR COUNTY AS REQUIRED

**THIS INFORMATION REQUIRED ONLY FOR
BUSINESSES INVOLVING ALCOHOLIC BEVERAGE SALE AND/OR CONSUMPTION**

COPY OF BEVERAGE LICENSE MUST BE ATTACHED

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

NAME OF LICENSEE: _____ PHONE # _____

NAME, ADDRESS, PHONE NUMBER OF BUSINESS OWNER IF DIFFERENT FROM LICENSEE:

TYPE OF ALCOHOLIC BEVERAGE LICENSE: _____

STATE LICENSE #: _____ EXPIRATION DATE: _____ RENEWAL DATE: _____

DESCRIBE TYPE OF BUSINESS: (RESTAURANT, BAR, PACKAGE STORE ETC.): _____

IF LICENSE IS UNDER CORPORATION NAME, LIST CORPORATION NAME, OFFICERS AND THEIR ADDRESSES
AND TELEPHONE NUMBERS: _____

TRANSFER OF ALCOHOL BEVERAGE LICENSE

NAME OF BUSINESS: _____

ADDRESS: _____

PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE OF ALCOHOLIC BEVERAGE LICENSE: _____

LICENSE #: _____

DESCRIBE TYPE OF BUSINESS: (RESTAURANT, BAR, PACKAGE STORE, ETC.): _____

NAME OF LICENSEE: _____

ADDRESS: _____

PHONE #: _____

FORMER NAME OF BUSINESS (IF CHANGED): _____

NAME OF FORMER LICENSEE: _____

ADDRESS: _____

PHONE #: _____

ADDITIONAL REQUIRED INFORMATION FOR SPECIFIC TYPES OF BUSINESSES

MERCHANTS AVERAGE **MONTHLY RETAIL** INVENTORY: \$ _____

RESTAURANTS # OF INDOOR SEATS: _____ # OF OUTDOOR SEATS _____

MANUFACTURERS # OF EMPLOYEES: _____

APARTMENTS/HOTELS # OF UNITS: _____

VENDING MACHINES # OF MACHINES _____

(ATTACH LIST OF EXACT LOCATION AND NUMBER OF MACHINES PER LOCATION)

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**THIS IS TO CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE. I HAVE COMPLETED THIS APPLICATION AND THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, the undersigned notary public, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ .

(Name of person acknowledging)

\_\_\_\_\_  
Notary Public, State of Florida

NOTARY PUBLIC SEAL  
OF OFFICE

\_\_\_\_\_  
Printed, typed or stamped name of Notary Public  
exactly as commissioned

\_\_ Personally known to me, or \_\_ Produced identification:

\_\_\_\_\_  
(Type of identification produced)

## **FICTITIOUS NAME AFFIDAVIT**

I HEREBY ATTEST THAT I AM NOT REQUIRED TO REGISTER MY BUSINESS WITH THE SECRETARY OF STATE OF FLORIDA UNDER THE FICTITIOUS NAME ACT (F.S. 205.023 REQUIREMENT TO REPORT STATUS OF FICTITIOUS NAME REGISTRATION) FOR ONE OF THE FOLLOWING:

- DOING BUSINESS UNDER MY LEGAL NAME
  
- BUSINESS IS INCORPORATED AND REGISTERED WITH THE SECRETARY OF STATE
  
- BUSINESS NAME IS A REGISTERED TRADEMARK
  
- EXEMPT DUE TO BEING LICENSED BY DBPR.
  
- FEDERALLY CHARTERED BANK
  
- OTHER \_\_\_\_\_

SIGNATURE OF BUSINESS OWNER: \_\_\_\_\_

DATE: \_\_\_\_\_