

FOR OFFICE USE ONLY	
TAX _____	DATE RECEIVED _____
PENALTY _____	INITIALS _____
TOTAL _____	LICENSE # _____

**CITY OF CORAL SPRINGS
HOME BUSINESS TAX APPLICATION**

ALL APPLICABLE AREAS MUST BE FILLED OUT

PLEASE BE ADVISED THAT THIS APPLICATION WILL BE REVIEWED BY THE ZONING DIVISION AND POLICE DEPARTMENT. PLEASE BE AWARE THERE IS NO INVENTORY TO BE DELIVERED OR STORED ON THE PREMISES AT ANY TIME. FAILURE TO COMPLY WITH CITY CODES WILL RESULT IN THE REVOCATION OF YOUR BUSINESS TAX RECEIPT.

SECTION 1. FORM OF BUSINESS

CORPORATION LLC

PARTNERSHIP FICITIOUS NAME INDIVIDUAL/SOLE PROPRIETOR

NAME OF CORPORATION, LLC OR PARTNERSHIP: _____

SECTION 2. BUSINESS/HOME OCCUPATION INFORMATION

NAME OF BUSINESS: _____

BUSINESS LOCATION ADDRESS: _____ APT. #: _____

MAILING ADDRESS (if different than business location address): _____

BUSINESS PHONE #: _____ CELL PHONE# _____ BUSINESS E-MAIL _____

OPENING DATE OF BUSINESS IN CORAL SPRINGS: _____

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

NAME AND ADDRESS OF PROPERTY OWNER _____

(IF DIFFERENT FROM BUSINESS OWNER)

PROPERTY OWNER PHONE _____ PROPERTY OWNER E-MAIL _____

TYPE OF BUSINESS: DESCRIBE TYPE OF BUSINESS IN DETAIL. _____

SECTION 3. OWNER/APPLICANT INFORMATION – PERSONAL INFORMATION

NAME OF BUSINESS OWNER: _____

NAME OF APPLICANT (IF DIFFERENT THAN BUSINESS OWNER): _____

HOME STREET ADDRESS OF BUSINESS OWNER: _____

CITY/STATE/ZIP: _____

CELL PHONE #: _____ HOME PHONE #: _____

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

E-MAIL: _____ BUSINESS WEB SITE: _____

FEDERAL TAX ID # _____ OR SOCIAL SECURITY # _____

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

DESIGNATED CONTACT PERSON, OTHER THAN THE APPLICANT/OWNER (*INCLUDE NAME, ADDRESS PHONE NUMBER AND E-MAIL*): _____

SECTION 4. STORAGE LOCATION INFORMATION – WRITTEN AGREEMENT FOR STORAGE LOCATION MUST BE ATTACHED

LOCATION ADDRESS FOR STORAGE OF REQUIRED EQUIPMENT, MATERIALS AND SUPPLIES UTILIZED FOR YOUR OCCUPATION: _____

NOTE: PLEASE BE ADVISED THAT MANY SUBDIVISIONS IN THE CITY HAVE DEED RESTRICTIONS RELATING TO THE CONDUCT OF A BUSINESS IN A RESIDENTIAL AREA. PLEASE CONTACT YOUR HOMEOWNERS ASSOCIATION if you have questions.

ATTACHMENTS REQUIRED IF APPLICABLE:

- MAILBOX AGREEMENT (IF NOT USING HOME ADDRESS)
- ARTICLES OF INC/LLC AND/OR FICTITIOUS NAME – AVAILABLE AT SUNBIZ.ORG
- PERSONAL PROFESSIONAL LICENSE – STATE OR BROWARD COUNTY
- BUSINESS - STATE REGISTRATION CERTIFICATE
- BROWARD COUNTY COMPETENCY CERTIFICATE
- CURRENT STORAGE AGREEMENT - MATERIALS, INVENTORY ETC.

FAILURE TO COMPLY WITH CITY CODES WILL RESULT IN REVOCATION OF RECEIPT.

APPLICANT MUST COMPLY WITH LAND DEVELOPMENT CODE CHAPTER 10, SEC. 1028.

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

WITNESS MY HAND AND OFFICIAL  
SEAL IN THE COUNTY AND STATE  
LAST AFORESAID THIS \_\_\_\_ DAY

BY: \_\_\_\_\_  
APPLICANT'S SIGNATURE                      DATE

OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_

PERSONALLY KNOWN

NOTARY PUBLIC, STATE OF FLORIDA

PRODUCED IDENTIFICATION

\_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED

MY COMMISSION EXPIRES: \_\_\_\_\_

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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 REQUIREMENTS TO REPORT STATUS OF FICTITIOUS NAME REGISTRATION) FOR ONE OF THE FOLLOWING:

- I AM DOING BUSINESS UNDER MY LEGAL NAME.
- BUSINESS IS INCORPORATED AND REGISTERED WITH THE STATE OF FLORIDA.
- BUSINESS NAME IS A REGISTERED TRADEMARK.
- EXEMPT DUE TO BEING LICENSED BY DBPR.
- OTHER: _____

SIGNATURE: _____ DATE: _____

AFFIDAVIT

STATE OF FLORIDA

) ss.

COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared _____
(Name)

Whom having been duly cautioned and sworn deposes and states:

1. I reside at _____ Coral Springs, Florida
(Street Address)

2. I am applying for a business tax receipt for the following type of business/home occupation:

3. I acknowledge that I will be conducting a business/home occupation in accordance with the provisions of Chapter 10 of the Land Development Code of the Code of Ordinances of the City of Coral Springs as amended by Ordinance 94-149. This includes that no business/home occupation shall occupy more than twenty-five percent (25%) of the total floor area of a dwelling unit exclusive of any open porch, attached garage or similar space not intended to be occupied as living quarters.

4. I acknowledge that I cannot store at my residence any materials, supplies or equipment, except telephones, computers, and other office materials required for my business/home occupation. Any required inventory is located at the following address and permitted within the applicable zoning district: _____

5. I acknowledge that if I am found in violation of Chapter 10 of the Land Development Code of the Code of Ordinances of the City of Coral Springs, relating to tax receipts, that my tax receipt may be revoked.

Applicant's signature

State of Florida
County of _____

The foregoing instrument was acknowledged before me, the undersigned notary public, this ____ day
Of _____, 20____ by _____ (Applicant)

NOTARY PUBLIC, STATE OF FLORIDA PERSONALLY KNOWN
 PRODUCED IDENTIFICATION

NOTARY PUBLIC SEAL OF OFFICE _____
TYPE OF IDENTIFICATION PRODUCED