

FOR OFFICE USE ONLY

AMT CHARGED _____

LICENSE # _____

DATE RECEIVED _____

INITIALS _____

**CITY OF CORAL SPRINGS
BUSINESS TAX RECEIPT TRANSFER APPLICATION**

ALL APPLICABLE AREAS MUST BE FILLED OUT

Please check all that apply: CHANGE OF: Name Address Ownership of business

SECTION 1. FORM OF BUSINESS INDIVIDUAL/SOLE PROPRIETOR

LLC PARTNERSHIP CORPORATION FICTITIOUS NAME

NAME OF PARTNERSHIP/CORPORATION: _____

SECTION 2. BUSINESS INFORMATION

PREVIOUS NAME OF BUSINESS: _____

PREVIOUS BUSINESS ADDRESS: _____

CURRENT NAME OF BUSINESS: _____

CURRENT BUSINESS ADDRESS: _____

SUITE/BAY #: _____ BUSINESS PHONE# _____

TOTAL SQ. FOOTAGE: _____ NUMBER OF EMPLOYEES _____ FULL TIME _____ PART TIME _____

OPENING DATE OF BUSINESS AT THIS LOCATION: _____

E-MAIL: _____ WEBSITE: _____

IF MERCHANT, AVERAGE MONTHLY INVENTORY: \$ _____

NAME OF BUSINESS OWNER: _____

HOME STREET ADDRESS OF BUSINESS OWNER: _____

CELL PHONE #: _____ HOME PHONE # _____

D.O.B.: _____ D.L. #: _____

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

THIS IS TO CERTIFY THAT ALL INFORMATION ON THE ORIGINAL BUSINESS TAX RECEIPT APPLICATION ON FILE WITH THE CITY IS ACCURATE AND CORRECT EXCEPT AS OTHERWISE PROVIDED IN THIS APPLICATION TO TRANSFER MY TAX RECEIPT. I ALSO CERTIFY THAT 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
- PRODUCED IDENTIFICATION

NOTARY PUBLIC/STATE OF FLORIDA

TYPE OF IDENTIFICATION PRODUCED

MY COMMISSION EXPIRES: _____

ATTACHMENTS REQUIRED IF APPLICABLE

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