

City of Tamarac

APPLICATION FOR BUSINESS LICENSE

NOTE: APPLICATION **IS NOT** THE ISSUED LICENSE
 7525 NW 88TH AVE – TAMARAC, FL 33321-2401
 (954) 724-1280 or (954) 718-3061
 Fax: (954) 724-2453

LICENSE (S) NO.

DATE:	NEW BUSINESS		ADDRESS CHANGE		NAME CHANGE		TRANSFER or OTHER
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APPLICANT NAME	APPLICANT TITLE
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HOME PHONE NUMBER:	FAX NUMBER:	CELL PHONE NUMBER:	BUSINESS PHONE NUMBER:
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BUSINESS NAME	TAX ID NUMBER
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D/B/A	SOCIAL SECURITY NUMBER
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BUSINESS ADDRESS	SUITE / BAY
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MAILING ADDRESS			
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SUITE / BAY	CITY	STATE	ZIP CODE
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LOCATION / PLAZA COMMUNITY NAME

FULLY DESCRIBE EXACT NATURE OF BUSINESS:

	PLAZA CODE
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<p>CHECK ONE <input checked="" type="checkbox"/></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> BUSINESS OWNER</td> <td><input type="checkbox"/> REGISTERED AGENT</td> </tr> <tr> <td><input type="checkbox"/> MANAGER</td> <td><input type="checkbox"/> BROKER OF RECORD</td> </tr> <tr> <td><input type="checkbox"/> CONTRACTOR/QUALIFIER</td> <td><input type="checkbox"/> OTHER</td> </tr> </table>	<input type="checkbox"/> BUSINESS OWNER	<input type="checkbox"/> REGISTERED AGENT	<input type="checkbox"/> MANAGER	<input type="checkbox"/> BROKER OF RECORD	<input type="checkbox"/> CONTRACTOR/QUALIFIER	<input type="checkbox"/> OTHER	<p>CHECK ONE <input checked="" type="checkbox"/></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CORPORATION</td> <td><input type="checkbox"/> PARTNERSHIP () GENERAL OR () LIMITED</td> </tr> <tr> <td><input type="checkbox"/> SOLE PROPRIETORSHIP</td> <td></td> </tr> </table>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP () GENERAL OR () LIMITED	<input type="checkbox"/> SOLE PROPRIETORSHIP	
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<input type="checkbox"/> SOLE PROPRIETORSHIP											

PRORATED FEES & CERTIFICATE OF OCCUPANCY

THE CITY RESERVES THE RIGHT TO PRORATE LICENSE FEES AS OF APRIL 1, AT THE RATE OF 75% OF THE ANNUAL LICENSE FEE. THE FEE SHALL THEN BE REDUCED BY FIVE (5) PERCENT OF THE ANNUAL FEE FOR THE MONTH, THEREAFTER UNTIL THE CLOSE OF THE FISCAL YEAR ON SEPTEMBER 30TH. LICENSES OBTAINED BETWEEN OCTOBER 1 AND MARCH 31, SHALL BE SUBJECT TO THE FULL FEE.

AND/OR

I AFFIRM THE OCCUPATIONAL LICENSE DIVISION REFERRED ME TO THE BUILDING DEPARTMENT TO APPLY FOR AND OBTAIN A CERTIFICATE OF OCCUPANCY.

INITIAL: _____ DATE: _____

I AFFIRM THE INFORMATION GIVEN ON AND WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AUTHORIZED TO ACT AND BIND THE FIRM IN ALL MATTERS CONNECTED WITH THE BUSINESS.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

TITLE

DATE

THIS PAGE FOR OCCUPATIONAL LICENSE OFFICE USE ONLY

LICENSES REQUIRED ~ SEE LICENSE RESTRICTIONS AND / OR COMMENTS BELOW:

CLASSIFICATION LICENSE FEE PRO-RATED FEE LICENSE NUMBER

LICENSE RESTRICTIONS / COMMENTS

1.

APRIL 1 (75 %)	MAY 1 (70%)	JUNE 1 (65%)	JULY 1 (60%)	AUGUST 1 (55 %)	SEPTEMBER 1 (50%)
\$	\$	\$	\$	\$	\$
TRANSFER FEE	PENALTY FEE	FIRE INSPECTION FEE	SPEC. EXCEPTION ADM. TR. FEE	TOTAL FEE DUE	

SPECIAL EXCEPTION REQUIRED: _____ USE: _____

APPROVAL DATE: _____ RESOLUTION NUMBER: _____

LICENSE APPLICATION ROUTING AND APPROVALS

INITIAL REVIEW: BY: _____ DATE: _____

SR. OCC. LIC. SPEC. APPROVAL: BY: _____ DATE: _____

PLANNING & ZONING APPROVAL: BY: _____ DATE: _____

ZONING DISTRICT: _____ COMMENTS: _____

DIRECTOR OF COMMUNITY DEVELOPMENT: _____

DATE: _____ COMMENTS: _____