



**CITY OF TAMARAC
APPLICATION FOR BUSINESS TAX
SPECIAL EVENTS/OUTDOOR SALES, SEASONAL**

NOTE: APPLICATION **IS NOT** THE ISSUED RECEIPT
7525 NW 88TH AVE – TAMARAC, FL 33321-2401
(954) 597-3537; Fax: (954) 597- 3540

DATE:	NEW OR FIRST TIME EVENT	ANNUAL EVENT	OUTSIDE EVENT	CROWD CONTROL MGMR REQUIRED
-------	-------------------------	--------------	---------------	-----------------------------

APPLICANT NAME	APPLICANT TITLE
----------------	-----------------

HOME PHONE NUMBER:	FAX NUMBER:	CELL PHONE NUMBER:	BUSINESS PHONE NUMBER:
--------------------	-------------	--------------------	------------------------

BUSINESS NAME	TAX ID NUMBER
---------------	---------------

D/B/A	SOCIAL SECURITY NUMBER
-------	------------------------

BUSINESS ADDRESS	SUITE / BAY
------------------	-------------

MAILING ADDRESS

SUITE / BAY	CITY	STATE	ZIP CODE
-------------	------	-------	----------

PROPERTY MANAGER OR LEASING AGENT:	PHONE NUMBER:
------------------------------------	---------------

FULLY DESCRIBE EXACT NATURE OF SPECIAL EVENT:

LOCATION / PLAZA COMMUNITY NAME:	PLAZA CODE
----------------------------------	------------

CHECK ONE <input checked="" type="checkbox"/> <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CONTRACTOR/QUALIFIER	<input type="checkbox"/> REGISTERED AGENT <input type="checkbox"/> BROKER OF RECORD <input type="checkbox"/> OTHER	CHECK ONE <input checked="" type="checkbox"/> <input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP () GENERAL OR () LIMITED
--	--	---

PRORATED FEES & CERTIFICATE OF OCCUPANCY

LICENSES OBTAINED BETWEEN OCTOBER 1 AND SEPTEMBER 30TH, SHALL BE SUBJECT TO THE FULL YEAR FEE. AND/OR

I AFFIRM THE BUSINESS REVENUE DIVISION REFERRED ME TO THE BUILDING DEPARTMENT TO APPLY FOR AND OBTAIN A TEMPORARY BANNER PERMIT; AND/OR A TENT; ELECTRICAL; PLUMBING; STRUCTURAL; FIRE; OR MECHANICAL PERMIT.

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 BUSINESS REVENUE OFFICE USE ONLY

BUSINESS TAX RECEIPTS REQUIRED ~ SEE BUSINESS RESTRICTIONS AND / OR COMMENTS BELOW:

CLASSIFICATION:	LICENSE FEE	OTHER FEES:	BUSINESS NUMBER
THS – SPECIAL EVENT APPLICATION REVIEW* MUST BE SUBMITTED SIXTY (60) DAYS PRIOR TO EVENT	\$300.00		
*In addition to other requirements, permits, & fees			
TMP___ - TEMPORARY EVENT/ HOLIDAY SALE	\$400.00		
TMPP – TEMPORARY SIDEWALK SALE EVENT, **WITH LICENSED BUSINESS	\$125.00**		
EXP – EXPEDITED APPLICATION REVIEW FEE -SUBMITTAL LESS 30 DAYS OR LESS BEFORE EVENT	\$500.00		

LICENSE RESTRICTIONS / COMMENTS

1.

2. E-MAIL ADDRESS:

NUMBER OF DAYS (LIMITED TO FOUR (4)) DAYS ONLY:	HOURS OF OPERATION: (LIMITED TO 8 AM TO 10 PM)	PORT-O-LETS REQUIRED IF NO INSIDE REST ROOMS AVAILABLE: NO___; YES___	CROWD MANAGER CERTIFICATES YES (); NO ()	SECURITY: NO___; YES___ BSO DETAIL	REMOVABLE TENT ONLY FOR SIDEWALK EVENT: NO___; YES___
EVENT FEE (PER EVENT) \$ 400.00	PENALTY FEE	FIRE INSPECTION FEE \$ 50.00	EXPEDITED APP. REVIEW (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: _____

DATE: _____ COMMENTS: _____



INDICATES DOCUMENTS REQUIRED X INDICATES DOCUMENTS OBTAINED

<input type="checkbox"/> ALCOHOL BEVERAGE LICENSE - 954-917-1350	<input type="checkbox"/> HOTEL & REST. APPROVAL – 850-487-1395 5080 COCONUT CREEK PARKWAY – MARGATE, FL
<input type="checkbox"/> APPLICATION REVIEW FEE – REQUIRED – SIXTY (60) DAYS PRIOR TO EVENT	<input type="checkbox"/> PROOF OF 501.C-3 NOT-FOR-PROFIT-NON-PROFIT (LICENSE EVENT FEE ONLY)
<input type="checkbox"/> APPLICATION REVIEW FEE – EXPEDITED AFTER 30 DAY SUBMITTALS	<input type="checkbox"/> LEASE AGREEMENT - SIGNED
<input type="checkbox"/> ARTICLES OF INCORPORATION – 850-245-6052	<input type="checkbox"/> LETTER PERTAINING TO EVENT HOURS, DATES, ETC.
<input type="checkbox"/> BSO DETAIL – APPROVAL – SIGNED CONTRACT	<input type="checkbox"/> <u>LIABILITY INSURANCE – CITY MUST BE NAMED AS “CERTIFICATE HOLDER” & “ADDITIONAL INSURED”</u>
<input type="checkbox"/> BROWARD COUNTY BUSINESS TAX RECEIPT 954-831-4000 115 SOUTH ANDREWS AVENUE FT LAUDERDALE	<input type="checkbox"/> MERCHANT AFFIDAVIT
<input type="checkbox"/> CERTIFICATE OF COMPETENCY - BROWARD COUNTY	<input type="checkbox"/> <u>NO ALCOHOLIC BEVERAGES PERMITTED</u>
<input type="checkbox"/> CERTIFIED ELECTRICAL CONTRACTOR	<input type="checkbox"/> PAYMENT SPECIAL EVENT FEES
<input type="checkbox"/> CERTIFICATE OF FLAME RESISTANCE – if applicable for each tent	<input type="checkbox"/> PORT-O-LET AGREEMENT
<input type="checkbox"/> CLEANUP STATEMENT – STATING THAT PROPERTY WILL BE MAINTAINED DURING EVENT	<input type="checkbox"/> PRODUCT LIST OF FIREWORKS OR SPARKLERS
<input type="checkbox"/> COIN OPERATED – AMUSEMENTS AT EVENT	<input type="checkbox"/> PROPERTY OWNER PERMISSION
<input type="checkbox"/> CROWD CONTROL MANAGERS CERTIFICATION	<input type="checkbox"/> REGISTRATION AS DISTRIBUTOR OF SPARKLERS STATE OF FL. DEPT. OF FINANCIAL SERVICES
<input type="checkbox"/> DESIGNATION OF AGENT FORM	<input type="checkbox"/> RESOLUTION BY CITY AUTHORIZING AN AGREEMENT WITH FIRE WORK COMPANY FOR DISPLAY
<input type="checkbox"/> DRIVERS LICENSE - CLEAR PICTURE	<input type="checkbox"/> SECURITY AGREEMENT (IF APPLICABLE)
<input type="checkbox"/> FICTITIOUS NAME REGISTRATION – 850-245-6058	<input type="checkbox"/> SITE PLAN OF EVENT LOCATION
<input type="checkbox"/> FIRE WORKS DISPLAY PERMIT (CITY OF TAMARAC)	<input type="checkbox"/> SOCIAL SECURITY NUMBER
<input type="checkbox"/> FIRE INSPECTION	<input type="checkbox"/> SPECIAL TEMP. 1-3 DAY ALCOHOLIC BEV. LICENSE
<input type="checkbox"/> FLORIDA STATE LICENSE – 850-487-1395 & 954-917-1330	<input type="checkbox"/> SPECIAL EXCEPTION
<input type="checkbox"/> FOOD SERVICE MGR CERTIFICATE – 1-866-372-7233 or 1-850-446-0257	<input type="checkbox"/> TAX ID NUMBER - 954-346-3000
<input type="checkbox"/> FOOD TRUCKS – LIST IF TYPE & CONTACT NUMBERS	<input type="checkbox"/> TENT PERMIT (IF APPLICABLE)
<input type="checkbox"/> HOLD HARMLESS AGREEMENT – CITY DOCUMENT	<input type="checkbox"/> WORKERS COMPENSATION INSURANCE

COMMENTS:

**PLEASE NOTE: *CROWD MANAGER CERTIFICATION & ON-SITE MGR. REQUIRED FOR EVENT
*ONLY FOUR (4) OUTSIDE EVENTS ARE PERMITTED PER YEAR**

IT MAY BE REQUIRED TO OBTAIN A BROWARD COUNTY BUSINESS TAX RECEIPT FOR YOUR EVENT; TO INQUIRE, PLEASE CALL THEIR OFFICE AT (954) 831-4000; BROWARD COUNTY TAX OFFICE LOCATED AT 115 SOUTH ANDREWS AVENUE, FT. LAUDERDALE, FL