

# City of Tamarac

## APPLICATION FOR RESIDENTIAL BUSINESS TAX RECEIPT

7525 NW 88<sup>TH</sup> AVE – TAMARAC, FL 33321-2401  
(954) 597-3537  
FAX: (954) 597-3540

BUSINESS NO.

CHECK ONE  NEW BUSINESS  CHANGE OF ADDRESS  NAME CHANGE

DATE: \_\_\_\_\_ APPLICANT NAME: \_\_\_\_\_

HOME NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TAX IDENTIFICATION NO. \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ BUSINESS PH: \_\_\_\_\_

D/B/A: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

APARTMENT NO. \_\_\_\_\_ BUILDING / COMPLEX NO. \_\_\_\_\_

COMMUNITY / SUBDIVISION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATE FLORIDA CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FULLY DESCRIBE EXACT NATURE OF BUSINESS: \_\_\_\_\_

**DEED RESTRICTIONS:** **PRIOR** TO APPLYING FOR A RESTRICTED RESIDENTIAL BUSINESS, AND PAYING THE APPLICABLE FEE, PLEASE CHECK WITH YOUR HOMEOWNERS ASSOCIATION FOR DEED RESTRICTIONS WHICH MAY PROHIBIT THIS USE AT YOUR RESIDENCE. THE BUSINESS TAX FEE IS NOT REFUNDABLE.

**FIRE INSPECTION:** SCHEDULED FIRE INSPECTION DATE: \_\_\_\_\_  
INTENT/WAIVER AFFIDAVIT SUBMITTED: \_\_\_\_\_  
FIRE INSPECTION APPROVAL DATE: \_\_\_\_\_

### REQUIREMENTS FOR RESIDENTIAL FIRE INSPECTION

**WORKING SMOKE DETECTOR OUTSIDE EACH BEDROOM IN ADDITION TO A 2A-10BC FIRE EXTINGUISHER; WITH AN ANNUAL SERVICE TAG FROM A FIRE EXTINGUISHER CONTRACTOR. HOUSE NUMBERS, AT LEAST FOUR (4) INCHES HIGH, MUST BE DISPLAYED OUTSIDE OF HOME.**

THE RESTRICTED RESIDENTIAL BUSINESS TAX RECEIPT, WHICH HAS BEEN ISSUED TO ME, AUTHORIZES THE CITY THE RIGHT TO INSPECT MY RESIDENCE IN THE EVENT THE CITY HAS REASONABLE CAUSE TO BELIEVE I AM IN VIOLATION OF THE PROVISION OF ORDINANCE 0-9-92-36. THIS WAIVER PERMITTING INSPECTIONS SHALL BE EFFECTIVE BEFORE THE ISSUANCE OF THE RESTRICTED RESIDENTIAL BUSINESS TAX RECEIPT AND FOR ANY RENEWALS OF MY BUSINESS TAX RECEIPT AND FIRE RE-INSPECTIONS. THE EXECUTION OF A NEW FIRE INSPECTION MAY NOT BE REQUIRED AT EACH RENEWAL UNLESS THERE IS A CHANGE IN BUSINESS NAME, USES, OR ADDITIONAL RESTRICTED RESIDENTIAL BUSINESS TAX RECEIPT IS ISSUED AT THE RESIDENCE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS PAGE FOR OFFICE USE ONLY**

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

<b>BUSINESS CLASSIFICATION</b>	<b>BUSINESS FEE</b>	<b>PRO-RATED FEE</b>	<b>BUSINESS NUMBER</b>
HOM - HOME RESIDENTIAL (ANNUALLY)	\$212.30		
FIRE INSPECTION – ONE TIME	\$50.00	N/A	

**BUSINESS RESTRICTIONS & COMMENTS**

**HOME/RESIDENTIAL OFFICE MAIL/PHONE ONLY - NO EMPLOYEES, CLIENTS, STORAGE, RETAIL SALES AT RESIDENCE.**

**OTHER:**

APRIL 1 (75%)	MAY 1 (70%)	JUNE 1 (65%)	JULY 1 (60%)	AUGUST 1 (55 %)	SEPTEMBER 1 (50%)

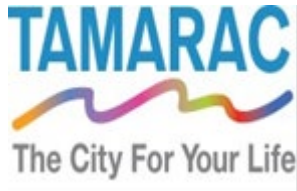
LICENSE TRANSFER (10%)	(25%) PENALTY OPERATING WITHOUT LICENSE	FIRE INSPECTION FEE	TOTAL CURRENT FEE

**BUSINESS TAX RECEIPT APPLICATION ROUTING AND APPROVALS**

<b>INITIAL REVIEW:</b>	BY: _____	DATE: _____
<b>SR. OCC. LIC. SPECIALIST APPROVAL:</b>	BY: _____	DATE: _____
<b>PLANNING &amp; ZONING APPROVAL:</b>	BY: _____	DATE: _____
<b>ZONING DISTRICT:</b> _____	COMMENTS: _____	
	_____	

**DIRECTOR OF COMMUNITY DEVELOPMENT APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **COMMENTS:** \_\_\_\_\_



CITY OF TAMARAC
DECLARATION OF INTENT AND WAIVER
STATE OF FLORIDA
COUNTY OF BROWARD

I, \_\_\_\_\_, AGREE TO COMPLY WITH THE
FOLLOWING STANDARDS AND CONDITIONS SET IN CODE OF ORDINANCE NO. 0-9-92-36, FOR A
RESIDENTIAL BUSINESS TO BE LOCATED AT \_\_\_\_\_ FOR
THE FOLLOWING BUSINESS
ENTITY: \_\_\_\_\_

- There shall be no person employed in the home occupation who is not a permanent domiciliary resident of the dwelling unit in which the home occupation exists.
The floor area within the dwelling unit devoted to the home occupation shall not exceed 25% of the gross floor area of the dwelling unit excluding porches, garages, carport, and other areas which are not considered living area
The activities of the home occupation shall occur entirely within the dwelling unit, excluding accessory structures such as garages, carport, carport and shed.
There shall be no external evidence of the existence of home occupation with a dwelling unit. Signs, displays, off-street parking areas other than driveways normally required for residential use, or other advertising of any kind are prohibited.
No goods or services of any kind shall be sold or transferred to a customer or client on the premises of the home occupation, excluding facsimile machine, telephone and/or postal transactions.
The home occupation shall not create noise, vibration, glare, fumes, odors, dust, smoke or electromagnetic disturbances. No equipment or processes shall be used which create visual or audible interference in any radio or television receiver located nearby. No chemicals or chemical equipment shall be used except those that are used for domestic or household purposes.
Vehicular and pedestrian traffic shall not be generated by this home occupation in a greater volume or a different vehicle type than the traffic typical in any resident neighborhood in the City.
Deliveries of any kind required by and made to the premises of the home occupation shall not exceed one business delivery per day.
The City shall have the right to reasonably inspect the premises upon which the home occupation is conducted to insure compliance with the foregoing standards and conditions, and to investigate complaints, if, any, from neighbors.
The applicant of the home occupation agrees to comply with the conditions imposed by the Department of Community development to insure compliance with such standards.
Violation of these standards and conditions is deemed a violation of the City of Tamarac code of Ordinance. Failure by the home occupation licensee to comply with the standards of this section and with the conditions imposed by the Department of Community Development shall be deemed a violation of the City if Tamarac Code of Ordinances.
The applicant for the Residential BUSINESS TAX RECEIPT acknowledges that a departure from any of these standards or conditions may result in a suspension or termination of the Residential BUSINESS TAX RECEIPT.

I HAVE READ AND AGREE TO THE STANDARDS AND CONDITIONS SET FORTH ABOVE. I AFFIRM THAT THE INFORMATION GIVEN ON THIS DOCUMENT IS TRUE. ANY INTENTIONAL MISREPRESENTATION ON THIS DOCUMENT SHALL BE CONSIDERED A FALSE OFFICIAL STATEMENT IN VIOLATION OF FLORIDA STATE STATUTE 831.02 AND SHALL BE PROSECUTED ACCORDING TO LAW.

Section 117.05(13), F.S. (effective 01/01/2020)

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_, 20 \_\_\_, by \_\_\_\_\_ Florida Identification \_\_\_\_\_

NOTARY PUBLIC SIGNATURE \_\_\_\_\_

PRINT NAME OF NOTARY PUBLIC \_\_\_\_\_



NOTARY PUBLIC SEAL OATH ADMINISTERED



**INDICATES DOCUMENTS REQUIRED X INDICATES DOCUMENTS OBTAINED**

<input type="checkbox"/> ALCOHOL BEVERAGE LICENSE - 954-917-1350	<input type="checkbox"/> HOTEL & REST. APPROVAL – 954-956-5692 5080 COCONUT CREEK PARKWAY – MARGATE, FL
<input type="checkbox"/> ARC BOND / LETTER OF CREDIT	<input type="checkbox"/> HRS LICENSE - 954-537-2800 2995 N DIXIE HIGHWAY FT LAUDERDALE 33334
<input type="checkbox"/> ARTICLE OF INCORPORATION	<input type="checkbox"/> INTENT / WAIVER – CITY OF TAMARAC DOCUMENT
<input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> INTERNAL REVENUE - NON-PROFIT 501c
<input type="checkbox"/> BROWARD COUNTY - CONSUMERS AFFAIRS	<input type="checkbox"/> LEASE AGREEMENT - SIGNED
<input type="checkbox"/> BROWARD COUNTY - HEALTH DEPARTMENT	<input type="checkbox"/> LETTER
<input type="checkbox"/> BROWARD CNTY LICENSE - 954-765-4697 115 SOUTH ANDREWS AVENUE FT LAUDERDALE	<input type="checkbox"/> LIABILITY – INSURANCE - COPY
<input type="checkbox"/> CERTIFICATE OF COMPETENCY - BRWD COUNTY 954-765-4400	<input type="checkbox"/> MAIL BOX AFFIDAVIT
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY - 6011 NOBHILL RD BUILDING DEPT- 954-724-1250	<input type="checkbox"/> MERCHANT AFFIDAVIT
<input type="checkbox"/> CERTIFICATE OF PUBLIC - CONVENIENCE & NECESSITY CONSUMER AFFAIRS DIVISION 954-765-5350	<input type="checkbox"/> PARTNERSHIP PAPERS
<input type="checkbox"/> CLEANUP STATEMENT	<input type="checkbox"/> PAYMENT OCCUPATIONAL LICENSE
<input type="checkbox"/> COIN OPERATED - AMUSEMENT	<input type="checkbox"/> PROPERTY OWNER PERMISSION
<input type="checkbox"/> DRIVERS LICENSE - CLEAR PICTURE	<input type="checkbox"/> SANITATION AGREEMENT
<input type="checkbox"/> FICTITIOUS NAME REGISTRATION	<input type="checkbox"/> SITE PLAN
<input type="checkbox"/> FIRE INSPECTION	<input type="checkbox"/> SOCIAL SECURITY NUMBER
<input type="checkbox"/> FLORIDA PROFESSIONAL STATE LICENSE	<input type="checkbox"/> SPECIAL EXCEPTION
<input type="checkbox"/> FOOD SERVICE MGR CERTIFICATE – 1-850-488-3951	<input type="checkbox"/> STORAGE TANK FACILITY LICENSE
<input type="checkbox"/> GREASE TRAP MAINTENANCE	<input type="checkbox"/> TAX IDENTIFICATION NUMBER
<input type="checkbox"/> HOLD HARMLESS AGREEMENT	<input type="checkbox"/> WARRANTY DEED
<input type="checkbox"/> HOUSE NUMBERS MUST BE DISPLAYED (4 IN. HIGH)	<input type="checkbox"/> WORKERS COMPENSATION

**AFTER OBTAINING A CITY BUSINESS TAX RECEIPT, IT IS REQUIRED TO OBTAIN A BROWARD COUNTY BUSINESS TAX RECEIPT AT:  
115 SOUTH ANDREWS AVENUE, FORT LAUDERDALE FL (954) 468-3488**

**COMMENTS:**

---

---