LOCAL BUSINESS TAX RECEIPT APPLICATION FORM

Fiscal Year __________________

INSTRUCTIONS: City Ordinance requires all businesses to complete an annual Local Business Tax Receipt Application Form in order to be eligible to receive a Local Business Tax Receipt for the upcoming fiscal year. All six (6) sections of the form that are applicable to your business shall be completed by the applicant for the form to be valid.

* Information contained herein shall be kept and disclosed in conformance with Section 119.07, Florida Statutes, and shall be used only for the purpose of determining eligibility in the City of North Lauderdale’s Local Business Tax Receipt application process. PLEASE PRINT CLEARLY.

SECTION 1

BUSINESS TAX  □ Commercial  □ Home Based  □ Transfer  □ Change of Business Name/Address

DOCUMENTS NEEDED

1. A Letter of Intent - Clearly describe all business operations (i.e. hours, days, use)
2. Copy of your Driver’s License
3. Copy of your Executed Lease Agreement (commercial only)
4. Copy of your Warranty Deed (home based only)
5. If you Rent, a notarized letter from your Landlord stating you have his/her approval to operate a business from that location. (home based only)
6. If you are governed by a Homeowner’s or Condominium Association, a notarized letter from the Association stating you have their approval to operate a business from that location. (home based only)
7. Copy of your Bill of Sale for change of owner (commercial)
8. Fictitious Name Registration/Corporation Registration – Required if doing business in other than legal name.

BUSINESS NAME:________________________________________________________PHONE NO. (       ) _____________________
BUSINESS LOCATION:____________________________________________________BAY/SUITE __________________________
OWNER’S NAME:________________________________________________________PHONE NO. (       ) _____________________
ADDRESS:_________________________________________________________________________________________

Federal Employer Identification # ______________________________
E-MAIL ADDRESS _______________________________________________________

TYPE OF OWNERSHIP- Please check appropriate box

☐ 1. SOLE PROPRIETORSHIP/INDIVIDUAL
☐ 2. PARTNERSHIP
   Name of General Partner ___________________________________________ Phone No. (       ) _____________________
   Address ____________________________________________________________

☐ 3. CORPORATION/LLC
   LIST Local Agent/Manager Information
   Name of Registered Agent ________________________________ Phone No. (       ) _____________________
   Address ____________________________________________________________
SECTION 2  Information provided below must be in sufficient detail to enable the City to properly classify the business. All additional/supplemental goods or services sold must be listed.

DESCRIPTION of Primary Business Activity

ADDITIONAL/Supplemental Services or Products provided:

<table>
<thead>
<tr>
<th>MACHINES:</th>
<th>MISCELLANEOUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Machines:</td>
<td>NUMBER of Brokers/Salesman</td>
</tr>
<tr>
<td>Trade Machines</td>
<td></td>
</tr>
<tr>
<td>Automatic Wash/Dry Machines</td>
<td>NUMBER of Employees</td>
</tr>
<tr>
<td>Automatic Game/Device</td>
<td>NUMBER of Nozzles (Gas Stations Only)</td>
</tr>
<tr>
<td>Billiard/Pool Table</td>
<td>NUMBER of Vehicles (Only one (1) business vehicle permitted with proof insurance for Business Home Use.)</td>
</tr>
<tr>
<td>Other:</td>
<td>NUMBER of Chairs (Barber/Beauty/Nail Salons, etc.)</td>
</tr>
</tbody>
</table>

| SIGNS: | |
| Number | Size |
| Number | Size |

SECTION 3  Special certificates/documents required by State Laws:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE Registration</td>
<td>PROOF of Insurance</td>
</tr>
<tr>
<td>PROFESSIONAL License</td>
<td>PROOF of Workers Compensation</td>
</tr>
<tr>
<td>PROOF of Bonds</td>
<td>COUNTY Health Permit</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4  Under certain circumstances, and subject to proper documentation, certain persons or groups may be eligible for exemptions to the local business tax. Please complete the following information if you are applying for a Local Business Tax Receipt and wish to be considered for an exemption.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VETERANS of War (including widowed spouse) (F.S. 205.055(1)</td>
<td>WIDOW with minor(s) (F.S.205.162(1)</td>
</tr>
<tr>
<td>PERSON age 65 or older (F.S.205.162 (1)</td>
<td>DISABLED Person (F.S. 205.162(1)</td>
</tr>
<tr>
<td>NON-PROFIT (F.S 205.192)</td>
<td>LOW-INCOME Person (F.S 2055 (1)</td>
</tr>
<tr>
<td>FUNDRAISING Activity (F.S. 205.192)</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE NOTE: Additional certificates/documents may be required by the State of Florida or the City of North Lauderdale. These documents must be provided prior to the issuance of a Local Business Tax Receipt. You will be notified what documents are required to substantiate your claim of an exemption.

Please contact the Community Development Department with any questions at (954) 724-7069
SECTION 5  To be completed by all businesses

AFFIDAVIT
For LOCAL BUSINESS TAX RECEIPT

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared __________________________ having
been duly cautioned and sworn deposes and states:

1. I am applying for a Local Business Tax Receipt on the basis of the information contained herein for the following type of business/home use:
   ____________________________________________________________

2. I acknowledge that I will be conducting a business and/or home use occupation in accordance with the provisions of Chapter 86 of the Code of Ordinances of the City of North Lauderdale and agree to:
   (a) Allow the City to perform any inspections required for use by the business for which the Local Business Tax Receipt is being secured.
   (b) To provide all documentation required to permit the City to confirm any statements contained herein.
   (c) To conform with any requirements contained within the City Code or State or Federal Law.

3. If applying for a Local Business Tax Receipt for Home Use:
   (a) I reside at _______________________________________________ North Lauderdale, Florida.
   (b) I acknowledge that I cannot store at my residence any materials, supplies or equipment required for my business/home occupation. Any required equipment, materials or supplies are located at the following address and are permitted within the applicable zoning district: ____________________________________________________________
   (c) I acknowledge that I cannot store more than one (1) vehicle associated with this business at my property and vehicle must conform to City Code relating to weight, class, etc. Any additional vehicles are located at the following address and are permitted within the applicable zoning district: ____________________________________________________________

4. I acknowledge that if I am found in violation of Chapter 86 of the Code of Ordinances of the City of North Lauderdale relating to local business tax receipts, that my receipt may be revoked.

5. I hereby affirm that all information contained herein is true and complete to the best of my knowledge.

Date ____________________________________________ Acknowledger’s Signature

STATE OF FLORIDA
COUNTY OF __________________________

The foregoing instrument was acknowledged before me, the undersigned notary public, this _____ day of ___________ 20 ___.
by ____________________________________________________________ .
(Name of Acknowledger)

_______________________________
Notary Public, State of Florida

NOTARY PUBLIC SEAL OF OFFICE:

☐ Personally known to me
☐ Produced Identification:

_________________________________________
The City of North Lauderdale’s Local Business Tax Receipt Year begins October 1 of each year and expires September 30th of the following year. Renewal Notices are usually sent the first week in July and payment must be received by September 30th in order to avoid delinquent fees that could amount to 25% of your business tax fee. In addition, should a payment not be received within 150 days of receipt of the initial notice, a penalty fee of $250 will also be assessed in order to renew your Local Business Tax Receipt. This is mandated by Florida State Statutes.

FEES AND PENALTIES:

**LOCAL BUSINESS TAX RECEIPT LICENSE FEE:** ---
This fee is due when all requirements have been met and appropriate approvals obtained. You will then be notified that an invoice has been generated in which you will have 30 days to submit payment for your business. All fees must be paid before the Local Business Tax Receipt is issued.

**LOCAL BUSINESS TAX RECEIPT INITIAL APPLICATION FEE:** This fee is due when a new Local Business Tax Receipt Application Form is submitted.

**BUSINESS USE INSPECTION FEE:**
This fee is due when a new Local Business Tax Receipt Application Form is submitted and before inspections ($65.00 each) can be scheduled. (Not for renewals.)

**LOCAL BUSINESS TAX RECEIPT TRANSFER FEE:** --
Fee shown on Local Business Tax Receipt Invoice and due upon receipt. *10% of business tax fee (minimum $3.00, maximum $25.00)

**LOCAL BUSINESS TAX RECEIPT RENEWAL FEE:**
This Fee is due EACH year upon renewal and will be shown on your Local Business Tax Receipt invoice along with your regular Business Tax Fee. All renewals will be charged this fee.

**LOCAL BUSINESS TAX RECEIPT PENALTY FEE:**
If a business tax fee is not paid within 150 days of receipt of initial notice of tax due, a penalty fee will be assessed. Penalty fees must be paid before issued.

**LOCAL BUSINESS TAX RECEIPT DELINQUENT FEE:**
If paid in October 10%
If paid in November 15%
If paid in December 20%
If paid in January 25%
If paid later than 150 days after receipt of initial notice

Penalty fees must be paid before issued.

Please contact the Community Development Department with any questions:
701 SW 71st Avenue, North Lauderdale, Florida 33068
Monday – Friday 8AM to 5PM
Telephone: (954) 724-7069 Fax: (954) 720-2064