



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 NEW TRANSFER RENEWAL
BUSINESS TYPE: (Check one)

COMMERCIAL LOCATION If you are operating your business from a commercial location, you will need:

1. Copy of your Driver's License,
2. Copy of your Executed Lease Agreement,
3. A Letter of Intent describing your business and how you will run it (*hours of operation, days operating, etc.*)

RESIDENTIAL LOCATION If you are operating your business from a residential location, you will need:

1. Copy of your Driver's License,
2. Copy of your Warranty Deed,
3. If you Rent, a notarized letter from your Landlord stating you have his/her approval to operate a business from that location.
4. 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.
5. A Letter of Intent describing your business and how you will run it. NOTE: A business operating from a residence can obtain a local business tax receipt for telephone use and mail purposes only. No employees/customers or inventory, storage of materials, chemicals, etc. on the property is allowed.

APARTMENT RENTAL If you are operating your business as apartment rentals, you will need:

1. Copy of your Bill of Sale

BUSINESS NAME: _____ PHONE NO. () _____

IF YOU ARE DOING BUSINESS in other than your legal name you are required to furnish a copy of:

1. Fictitious Name Registration from the Florida Department of State (850) 245-6058 and /or
2. Corporation Registration from the Florida Department of State (850) 488-9000.

BUSINESS LOCATION: _____ BAY/SUITE _____
City Address

OWNER'S NAME: _____ PHONE NO. () _____

ADDRESS: _____

OWNER'S Social Security # _____ Federal Employer Identification # _____

DRIVER'S License # _____ Date of Birth _____

MAILING ADDRESS (if other than Business Location): _____

TYPE OF OWNERSHIP

1. SOLE PROPRIETORSHIP/INDIVIDUAL

Name _____ Phone No. () _____

Address _____

2. PARTNERSHIP

Name of General Partner _____ Phone No. () _____

Address _____

SECTION 1 cont'd

3. CORPORATION – List names & addresses of all Officers & Board of Directors on a separate sheet & submit with this application.

Name of Registered Agent _____ Phone No. () _____

Address _____

▪ **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: _____

MACHINES:

Number of Machines: _____ Type _____
 _____ Trade Machines
 _____ Automatic Wash/Dry Machines
 _____ Automatic Game/Device
 _____ Billiard/Pool Table
 _____ Other: _____

MISCELLANEOUS:

_____ NUMBER of Brokers/Salesman
 _____ NUMBER of Employees
 _____ NUMBER of Nozzles (Gas Stations Only)
 _____ NUMBER of Vehicles (Only one (1) business vehicle permitted with proof of insurance for Business Home Use.)
 _____ NUMBER of Chairs (Barber/Beauty/Nail Salons, etc.)
 _____ RETAIL Value of Inventory
 _____ SEATING Capacity
 _____ SQUARE Footage of Premises
 _____ OTHER _____

SIGNS:

Number _____ Size _____
 Number _____ Size _____

SECTION 3

Special certificates/documents required by State Laws:

_____ STATE Registration	_____ PROOF of Insurance
_____ PROFESSIONAL License	_____ PROOF of Workers Compensation
_____ PROOF of Bonds	_____ COUNTY Health Permit
_____ Other: _____	

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.

_____ DISABLED Veterans of War (including unremarried spouse) (F.S. 205.171(1))	_____ WIDOW with minor(s) (F.S.205.162(1))
_____ PERSON age 65 or older (F.S.205.162(1))	_____ DISABLED Person (F.S. 205.162(1))
_____ Other: _____	_____ FUNDRAISING Activity (F.S. 205.192)

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)
)SS.
COUNTY OF BROWARD)

Before me, the undersigned authority, personally appeared _____ having
(Name)
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.
(Address)
 - (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 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:

My Commission Expires

SECTION 6

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: ---	BASED ON TYPE OF LICENSE
	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 <u>INITIAL</u> --- APPLICATION FEE: This fee is due when a new Local Business Tax Receipt Application Form is submitted.	\$65.00
	BUSINESS USE <u>INSPECTION</u> 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.)	\$330.00
	LOCAL BUSINESS TAX RECEIPT <u>TRANSFER</u> FEE:-- Fee shown on Local Business Tax Receipt Invoice and due upon receipt. *10% of business tax fee (minimum \$3.00, maximum \$25.00)	10%*
	LOCAL BUSINESS TAX RECEIPT <u>RENEWAL</u> 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.	\$20.00
	LOCAL BUSINESS TAX RECEIPT <u>PENALTY</u> 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.	\$250.00
	LOCAL BUSINESS TAX RECEIPT <u>DELINQUENT</u> FEE: If paid in October If paid in November If paid in December If paid in January If paid later than 150 days after receipt of initial notice Penalty fees must be paid before issued.	10% 15% 20% 25%

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