



City of Parkland

6600 University Drive, Parkland, FL 33067
(954) 753-5447 Fax (954) 753-8838

Business Tax Application (Formerly known as Occupational License)

Please Print

(All applicable areas **MUST** be filled out)

Business Information

Name of Business: _____

_____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC

DBA/Fictitious name (if any): _____

FEIN: _____ FL. Sales Tax # _____

Describe type of business in detail to enable the City to determine the proper classification for the Tax Receipt. Failure to provide accurate information could result in revocation of your business tax receipt and legal action.

Type of Business: _____

Address of Business: _____

Mailing Address: _____

Business Phone: _____ Home Phone: _____

Emergency Name: _____ Emergency Phone: _____

Email Address: _____ (required, please print legibly)

Leasing Agent: _____

Business Details

Date Business Opened: _____ Number of Employees: _____

* Hours of Operation: _____ Alcoholic Beverage Sale/Consumption: _____

* Restaurant/Eating Establishments (attach floor plan) _____ # of Seats

* Professional (provide copy of License) _____ # of Professionals

* Provide total Square Footage: _____

* Day Care: Family Child Care Home Inspection Report Approval Date _____

* Provide name of Company hauling Recyclable materials: _____

* Are there coin operated merchandise in service or amusement machines on premises?

Yes ___ No ___ # ___ Type _____

Owner Information

Please provide this information if you are **not** the owner of the property of which you are conducting business.

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____

This is to certify that all information given is true and accurate. I have read this application and the statements contained herein are true and correct to the best of my knowledge.

NOTE: Failure to comply with City Codes will result in revocation of this Tax Receipt.

Name of Applicant: _____ Title: _____
(Please Print)

Drivers License # _____ SS# _____

Signature of Applicant: _____ Date: _____

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to and subscribed before me this _____ day of _____, 20__, by _____

Who is personally known _____ **OR** Produced Identification _____

Type of Identification Produced _____

Signature of Notary

Stamp/Seal

Attachments Required

- | | |
|--|---|
| ___ Copy of entire Lease Agreement | ___ Broward County Health Permit |
| ___ Proof of ownership/tenancy | ___ Health Department Inspection |
| ___ Broward County Tax Receipt | ___ State Certification License |
| ___ Fl Driver's License (with updated address) | ___ Broward County Competency License |
| ___ Fictitious Names | ___ State Registration License |
| ___ Articles of Incorporation | ___ Professional License |
| ___ Federal Employer ID No. | ___ Hotel/Restaurant Inspection |
| ___ Insurance Certificate | ___ State Beverage License |
| ___ Development Review Form DUPR | ___ FS 255.1741 DAV Exemption |
| (If vacant from more than 6 months) | ___ Agriculture Exemption |
| | ___ Sketch/Survey of Agriculture Property |

Office Use Only

License #: _____ Lot & Block: _____ Subdivision: _____

Code Section: _____ Zoning District: _____ Use: _____

Fire Inspector Approved: _____ Denied: _____ Date: _____

Zoning Approved: _____ Denied: _____ Date: _____

Building Official Approved: _____ Denied: _____ Date: _____

Add penalty of 10% after October 1; 15% after November 1; 20% after December 1; 25% after January 1

A one time, non-refundable fee of \$30.00 will be charged for Zoning on all new applications.

Fictitious Name Affidavit

I hereby attest that I am not required to register by business with the Secretary of State of Florida, under the Fictitious Name Act (F.S. 205.023 REQUIREMENT TO REPORT STATUS OF FICTITIOUS NAME REGISTRATION) for one of the following:

- I AM USING MY FULL LEGAL NAME
- BUSINESS IS REGISTERED AS A CORPORATION
- BUSINESS NAME IS A REGISTERED TRADEMARK
- EXEMPT DUE TO BEING LICENSED BY DBPR.
- FEDERALLY CHARTERED BANK
- OTHER _____

Failure to comply with the Fictitious Name Registration Provisions of Section 865.09, Florida Statutes, is a misdemeanor of the second degree and punishable as provided in Section 774.082 or Section 775.083, Florida Statutes. I understand that by signing this form, that if any of the above is not true, I will be guilty of a misdemeanor of the second degree.

SIGNATURE OF BUSINESS OWNER: _____

PRINT NAME: _____ DATE: _____

This Affidavit is not the application for the registration of your fictitious name.