



**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.*