



City of Parkland  
6600 University Drive  
Parkland, FL 33067

## Commercial Business Tax Receipt Application

### APPLICATION TYPE

New Business

Change

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Sole Proprietor

Partnership

Corporation

LLC

Fictitious name (if any): \_\_\_\_\_

FEIN: \_\_\_\_\_ FL Sales Tax # \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Renewal Notice/Email: \_\_\_\_\_

Renewal Mailing Address: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_

### BUSINESS DETAILS

Date Business Opened: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Alcoholic Beverage Sale/Consumption: \_\_\_\_\_

Restaurant/Food Service – must attach floor plan Number of Seats: \_\_\_\_\_

Professional – must provide copy of License Number of Professionals: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Day Care: Family Child Care Home Inspection Report Approval Date: \_\_\_\_\_

Name of Company hauling Recyclable Materials: \_\_\_\_\_

Are there coin operated merchandise or amusement machines on premises?

Yes

No

Number

Type: \_\_\_\_\_



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## Commercial Business Tax Receipt Application

### OWNER INFORMATION

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Agent Information (if different than owner)

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

### AFFIDAVIT Sign in Presence of Notary Only

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.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF BROWARD, SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known  Produced ID Type of ID: \_\_\_\_\_

NOTARY PUBLIC

(sign and stamp) \_\_\_\_\_

#### For City 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. CREDIT CARDS NOT ACCEPTED.**



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## Commercial Business Tax Receipt Application

Please read and follow the directions provided below.

### To apply for a new Commercial Business Tax Receipt

1. **Verify Proposed Use**  
If this is a new business or use, please contact the Planning & Zoning Department (954.757.4158), to verify that the proposed use is permitted.
2. **Business Tax Receipt Application**  
The applicant shall complete the Business Tax Receipt Application form in full and submit it to the City for review at least two weeks before the proposed business opening. Application must be completed in full.
3. **Building Permits/Certificate of Occupancy/Tenant Compliance Certificate**  
For new construction or remodeling, the applicant is responsible for obtaining the applicable building permits and a Certificate of Occupancy (CO). A CO permits occupancy of a space however, it does not permit conduct of business.  
If no construction/remodeling is planned, a Tenant Compliance Certificate is required along with a Fire Inspection.
4. **Secure required licenses/certificates from County, State or applicable agencies.**
5. **Please note: your City and County Business Tax Receipts must be conspicuously displayed.**

### Documents Checklist

#### Required Documents

- Lease Agreement or Warranty Deed
- Articles of Incorporation/Partnership Papers/LLC Papers
- Floor Plan

#### Additional Documents – Required only if they apply to you

- Certificate of Occupancy (for new businesses) OR Tenant Compliance Certificate
- Fictitious Name Registration or DBA filed with State
- Broward County Health License (restaurant, food store, etc.)
- Broward County HRS Child Care License (if child care operator)
- Broward County ALF (Assisted Living Facility)
- Professional State License from Dept. of Business & Professional Regulations (professionals)
- Alcohol and Tobacco License
- State Certification (as may be required by business type)
- Department of Professional Regulation Inspection Report (as applicable)
- Broward County Business Tax Receipt