

CITY OF PEMBROKE PINES

APPLICATION FOR [Check One]:

<input type="checkbox"/>	Local Business Tax Receipt	<input type="checkbox"/>	Special Permit (Non-Profits)
<input type="checkbox"/>	Zoning Application	<input type="checkbox"/>	Special Event

OFFICE USE
Account No. _____
Date Paid: _____
Application No. _____
Job No. _____

DATE: _____ FEDERAL I.D. NO. _____

*BUSINESS NAME _____ BUSINESS PHONE _____
*NOTE: If fictitious name, registration required

CENTER/BLDG. NAME/LEGAL SUBDIVISION _____

BUSINESS ADDRESS; _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

FULL NATURE OF BUSINESS _____ No. of Employees at this Location: _____

BUSINESS E-MAIL: _____ WEBSITE: _____

APPLICANT NAME _____ APPLICANT PHONE _____

APPLICANT ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT MUST BE AN OFFICER, PARTNER, OR OWNER OF BUSINESS, OCCUPATION, OR PROFESSION.

IF CORPORATION, LIST NAME, TITLE, HOME ADDRESS AND PHONE # OF ALL OFFICERS, INCLUDING REGISTERED AGENT.

IF NEW BUSINESS: Name of former business and length of time space has been vacant. (N/A if first time occupancy, sharing space, restricted, or existing business). _____

MERCHANTS: Annual Value of Wholesale Inventory \$ _____ RESTRICTED LICENSE: Where are materials stored? _____

ATTACH ALL APPLICABLE DOCUMENTATION SUCH AS: Health Permit, State Contractor License, Broward County Certificate of Competency, Certificate of Insurance, State Professional License, HRS license, proof of transfer of ownership; original City of Pembroke Pines local business tax receipt signed by current owner if transferring local business tax receipt; proof of Charitable, Non-Profit, etc. status (such as a 501(c)3).

SIGNATURE OF APPLICANT _____

State of Florida)
County of Broward)
The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____

who is personally known to me or who has produced _____ as identification and who did / did not take an oath.

Commission expires: _____ Notary _____

(Below This Line For Office Use Only) _____

NEW BUSINESS _____ SHARING SPACE _____ DATE OF APPROVAL _____ REMARKS _____

RESTRICTED _____ EXISTING BUSINESS _____ APPROVED BY _____

SQUARE FOOTAGE _____ Group Occ. _____ Parking _____ Occ. Load _____

Type of construction _____

No. Dwelling units _____ Zoning _____