

CITY OF PEMBROKE PINES
APPLICATION FOR [Check One]:

Local Business Tax Receipt **Special Permit (Non-Profits)**
 Zoning Application **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 _____

**RESTRICTED LOCAL BUSINESS TAX RECEIPT
APPLICATION**

**THE CODE OF ORDINANCE FOR THE CITY OF PEMBROKE PINES
SECTION 120.02 PERSONAL PROFESSION OR OCCUPATION**

Any person engaged in a personal profession or local business which requires the use of his own personal skill or talent but which **does not involve the creation, maintenance, distribution or sale of merchandise or goods** may apply for a restricted professional or a restricted local business tax receipt. Such applicant may list his/her home address as a place of business for the purpose of complying with Section 115.15, subject to all of the terms and conditions of Section 120.02 of the City of Pembroke Pines Code of Ordinances attached hereto and with this reference made a part hereof as Exhibit A.

STATEMENT BY APPLICANT

I, _____, Owner / President

of _____, hereby certify that I have read the above requirements for a restricted professional license or local business tax receipt and agree to abide fully with the requirements and understand that if I do not comply my receipt may be revoked.

Signature

Sworn to and subscribed before me this _____ day of _____, 2015, by _____

who is personally known to me or who produced _____ as I.D.

Commission Expires:

Notary Public