

# TOWN OF PEMBROKE PARK

3150 SW 52 AVENUE • PEMBROKE PARK, FLORIDA 33023 • (954) 966-4600 EXT. 214 • (954) 966-5186 FAX

## ***INSTRUCTIONS FOR BUSINESS TAX RECEIPT APPLICATION***

Dear Sir or Madam,

Any person of engaging in or managing a business, profession, or occupation within the town limits, even a one-person company or home-based business owner, needs a Business Tax Receipt. You also need a Business Tax Receipt for each location you are operating a business from, and one for each category of business you are conducting. Complete the enclosed application and return it with the requirements listed below.

1. Photocopy of applicant's driver's license or Identification Card
2. Photocopy of State of Florida Articles of Incorporation or Fictitious Name Registration.
3. Photocopy of Federal Tax Identification or Social Security Number
4. Photocopy of Liability Insurance Certificate or applicant signature if not insured.
5. Photocopy of any County and/or State issued license and or certificates, if applicable.

Please contact the Business Tax Department at (954) 966-4600 ext. 214 to verify if any other documents are required.

Mail or Return completed application with requirement documents to:

Town of Pembroke Park  
Business Tax Department  
3150 S.W. 52 Avenue  
Pembroke Park, FL 33023

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## APPLICATION FOR BUSINESS TAX RECEIPT (Formerly Known as Occupational License)

**FILL IN ALL BLANKS.** (ALLOW 3-5 DAYS PROCESSING TIME)

License type: ( ) New ( ) Transfer Ownership ( ) Change Location ( ) Other \_\_\_\_\_

Business Name / DBA / Name \_\_\_\_\_  Please check if using your Legal Name.

Corporation Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ Bldg \_\_\_\_\_ Unit/Bay \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Type of Ownership: ( ) Individual ( ) Partnership ( ) Corporation ( ) Other \_\_\_\_\_

List below Officer/Manager at the local location.

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # (with area code) \_\_\_\_\_

Describe in detail the nature of your business \_\_\_\_\_

(Attach additional sheet if needed).

**COMPLETE THE FOLLOWING, IF APPLICABLE:** Service Station (# of pumps) \_\_\_\_\_ Food Facility (# of seats) \_\_\_\_\_

Using trucks (# of) \_\_\_\_\_ \*\* attached a copy of each vehicle registration Manufacturer/Assembly (# of employees) \_\_\_\_\_

**It shall be unlawful for any person to engage in, conduct or manage any business, occupation or profession within the Town without having first obtained a license from the Town. (Article II, Section 15-17). I hereby certify that the above information is true and correct, and is in compliance with all applicable code requirements; and further I understand the any misstatement of information contained in this application may cause my tax receipt to be revoked or not issued.**

Read & Sign

Signature \_\_\_\_\_ \*\* Submit a copy of Driver's License/Identification Card for signature verification  
(Owner, Partner or Corporate Officer)

Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

### THE FOLLOWING INFORMATION MUST BE COMPLETED OR A COPY SUBMITTED WITH YOUR APPLICATION.

(Contact the Business Tax Department if you have questions.)

Articles of Incorporation \_\_\_\_\_ (check if provided) Fictitious Name Certificate \_\_\_\_\_ (check if provided)

Federal Identification \_\_\_\_\_ or Social Security Number \_\_\_\_\_

Insurance Certificate, if not insured (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Square Feet of Area \_\_\_\_\_ Other Documentation \_\_\_\_\_

Bill of Sale/Closing Statement, **if applicable**

County and/or State License/Registration/Certificate, **if applicable**

Wholesale/Retail (Circle one) - Average dollar (\$) value of inventory \_\_\_\_\_, **if applicable**

OFFICE USE ONLY - Received in the Business Tax Dept. by \_\_\_\_\_ (Date) \_\_\_\_\_

BUSINESS TAX: YEARLY \$ \_\_\_\_\_ ½ YEAR \$ \_\_\_\_\_ TRANSFER FEE \$ \_\_\_\_\_

BUSINESS TAX: ACCOUNT NUMBER \_\_\_\_\_ CODE \_\_\_\_\_ SQ FT \_\_\_\_\_ - CU Fee \_\_\_\_\_

BUSINESS DESCRIPTION \_\_\_\_\_ RESTRICTION \_\_\_\_\_

ADMINISTRATIVE APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

Modified: 02.07.13