CITY OF HALLANDALE BEACH
DEVELOPMENT SERVICES/

# BUSINESS TAX RECEIPT

400 S FEDERAL HIGHWAY
HALLANDALE BEACH FL 33009.6433
VOICE: 954.457.1341
FAX: 954.457.1335

Date of Application: _____

E-Mail Address: _____

Telephone Numbers: Business :_____ Home:_____

_____
Name of owner, principal or officer Home address

_____
Business Name Business address Suite

Store_____ Office _____ Bay _____ Warehouse _____ Home _____Other _____

_____
Corporation or partnership name if different from name of business

The exact nature of the business for which I desire a Business Tax Receipt and which I am conducting is

_____

Hours of operations _____

Business main commodity _____

Alcohol Sales _____Yes _____ No Type of Sale_____

Square footage of space occupied_____

Capacity_____

Prior business_____ Prior Use _____

Date of Birth _____Date business started: _____

Social Security:_____ Federal I.D. Number_____
**SS# or FEIN # required per FS 205.0535, Reclass. & rate structure revisions. Subparagraph (5)**

Driver license: _____

_____**Corporation** _____ **LLC** _____ **Partnership** _____ **Sole proprietorship**

OFFICER:_____Address:_____

Social Security:_____Birth:_____Phone:_____ __

OFFICER:_____Address:_____

Social Security:_____ Birth:_____Phone:_____

OFFICER:_____Address:_____

SocialSecurity:_____Birth:_____Phone:_____

**Attach separate page for additional officers.**

## F E E S

$ _____ BUSINESS TAX (**HOME BASED BUSINESS – 50% OF REGULAR BUSINESS TAX)**

$ _____BUSINESS TAX (FULL YEAR)

$_____ BUSINESS TAX (1/2 YEAR)

$_____ PENALTY

$ _____ BUSINESS TAX RECEIPT TRANSFER FEE (10% OF LICENSE FEE)

$ _____APPLICATION FEE

$_____ INSPECTION FEE

## TOTAL FEES DUE $_____

ANY ATTEMPTS TO OPERATE THE BUSINESS FOR WHICH THIS APPLICATION IS BEING MADE PRIOR TO ISSUANCE OF LICENSE WILL BE CONSIDERED A VIOLATION OF THE HALLANDALE BEACH CITY CODE, SECTION 18-31 (A).

ANY BUSINESS FOUND OPERATING PRIOR TO AN APPLICATION BEING MADE FOR A BUSINESS TAX RECEIPT WILL BE SUBJECT TO 25% PENALTY PER F.S. 205.053(2)

**APPLICANT'S SIGNATURE AND TITLE**

_____

## COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS BUSINESS TAX RECEIPT APPLICATION:

_____ 1. State License

_____ 2. Florida Bar identification card (Attorneys)

_____ 3. Certificate of Competency

_____ 4. Certificate of Incorporation

_____ 5. Fictitious Name Registration

_____ 6. Hotel & Restaurant License

_____ 7. Permit from Department of Agriculture

_____ 8. Certificate of Registration (Automobile Repair Shops)

_____ 9. State of Florida Alcoholic Beverage License

_____10. Other _____

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**CITY USE ONLY**

Application received by: _____
Development Services (Business Tax)

BUSINESS NO.: _____

LICENSE NO.: _____

LICENSE APPROVAL:

ZONING: _____

SANITATION: _____

INSPECTION DATE: _____

DEVELOPMENT SERVICES/
**BUSINESS TAX RECEIPT**
400 S FEDERAL HIGHWAY
HALLANDALE BEACH FL 33009.6433
VOICE: 954.457.1341
FAX: 954.457.1335

RE: Mobile Car Wash

Date: _____

To: City of Hallandale Beach

I, _____, acknowledge that as a condition of the issuance of my Business Tax Receipt for a Mobile Car Wash, I will wash cars only at residential properties. I will also use only biodegradable detergents.

_____
Signed

_____
Print Name

_____
Address

_____

_____

_____
Phone No.