

| A copy of the following documents checked by city staff MUST be submitted with this application. | | |
|--|--------------------------|---|
| App | City | |
| <input type="checkbox"/> | <input type="checkbox"/> | State License |
| <input type="checkbox"/> | <input type="checkbox"/> | Florida Bar Identification |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Competency |
| <input type="checkbox"/> | <input type="checkbox"/> | Certification of Incorporation |
| <input type="checkbox"/> | <input type="checkbox"/> | Fictitious Name Registration |
| <input type="checkbox"/> | <input type="checkbox"/> | Hotel & Restaurant License |
| <input type="checkbox"/> | <input type="checkbox"/> | Permit from Department of Agriculture |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Registration |
| <input type="checkbox"/> | <input type="checkbox"/> | State of Florida Alcoholic Beverage License |
| <input type="checkbox"/> | <input type="checkbox"/> | Property owner/Landlord Authorization to Conduct Business |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Sanitation Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

| For City Use Only | |
|-------------------|--|
| City BTR Number: | |
| Control #: | |

City of Hallandale Beach
 Planning and Zoning Division
 400 South Federal Highway
 Hallandale Beach, FL 33009
 Phone (954) 457-1341
 Fax (954) 457-1488



BUSINESS TAX RECEIPT APPLICATION

This Application must be filled out in its entirety and have all required documentation attached. Incomplete applications will not be accepted and may result in processing delays. No business license will be issued until the applicant has complied with all applicable City, County and State laws. This form must be sworn and subscribed to before a notary public. Failure to comply with the instructions will require a return for corrections thereby causing considerable delay in the processing of the application.

| | |
|-------|--|
| Date: | |
|-------|--|

| A. REQUEST | | | |
|---|---|--|---|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Transfer (Specify: Name, location, etc.) | | <input type="checkbox"/> Home Based (Must complete section F) |
| Business Tax Receipt Transfers must be from a current business in the City of Hallandale Beach. | | | |

| B. APPLICANT INFORMATION (If Applicant same as property owner, write same in section C.) | | | |
|--|----------------|------------------|--|
| Applicant Name: | | Email: | |
| Home Address: | | | |
| Phone: | | Fax: | |
| Date of birth: | MM / DD / YYYY | SSN# or EIN#: | |
| Identification type: | | Identification # | |

| C. PROPERTY OWNER INFORMATION | | | |
|-------------------------------|--|--------|--|
| Owner Name: | | Email: | |
| Home Address: | | | |
| Phone: | | Fax: | |

| D. BUSINESS INFORMATION | | | | | | <input type="checkbox"/> Check box if change of use |
|---|------------------------------------|------------------------------------|---|---------------------------------------|-------------------------------------|---|
| Business Name: | | | | | | |
| Business Address: | | | | | | |
| Old address: (Leave BLANK, if not a location transfer): | | | | | | |
| Business Phone: | | | | Business Fax: | | |
| Type of business: | <input type="checkbox"/> Retail | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Service | <input type="checkbox"/> Professional | <input type="checkbox"/> Restaurant | |
| | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Bay | <input type="checkbox"/> Other (Specify): | | | |
| Describe the exact nature of the business: | | | | | | |
| | | | | | | |

| Hours of Operation: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------|--------|---------|-----------|----------|--------|----------|--------|
| From: | | | | | | | |
| To: | | | | | | | |

| | | | | | | | |
|-----------------------------------|--|-----------|--|---------------------------|--|------------------------|--|
| Square footage of space occupied: | | Capacity: | | # of full-time employees: | | # of company vehicles: | |
| # of parking spaces provided: | | | | | | | |

| Corporate Information: | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual | |
|---|--------------------------------------|------------------------------|--------------------------------------|-------------------------------------|-----------------------------|
| Title/Name of Corporation as registered with the Secretary of State | | | | | |
| List corporation officers or partners below (<i>Attach separate page for additional officers.</i>): | | | | | |
| Name | DOB | SSN or EIN# | Address | Phone | |
| | MM/ DD /YYYY | | | | |
| | MM/ DD /YYYY | | | | |
| | MM/ DD /YYYY | | | | |
| Have you, in the past or present, individually or as an officer of a corporation held a business tax receipt in the City of Hallandale Beach? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, list full names and addresses of all locations: | | | | | |
| | | | | | |
| | | | | | |

E. BUSINESS TAX LICENSE DETERMINATION

The following information is required in order to determine your license fee. All information requested must be completed. (If an item does not relate to your business, please answer N/A)

| | | | | | |
|--|------------------------------|-----------------------------|--|--|--|
| 1. Will this business sell ALCOHOLIC BEVERAGES? <small>(Sec. 5-6.)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | If yes, please attach a copy of Alcoholic Beverage License issued by the State of Florida Department of Business Regulations, Division of Alcoholic Beverages & Tobacco. (954) 917-1350 Options b and d may require alcohol distance waiver approval from Planning and Zoning Division. |
| a) The business will sell beer only, for consumption on premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| b) The business will sell beer, wine and liquor for consumption on premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| c) The business will sell beer only, for consumption off premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| d) The business will sell beer, wine and liquor, for consumption off premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

| | | | | | |
|---|------------------------------|-----------------------------|--------------------------------------|--------------|---|
| 2. Are there AMUSEMENT MACHINES? <small>(Sec. 7-191 to 7-198.)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of machines to be installed: | | If yes, please initial next to the statement. |
| | | | # of machines presently on premises: | | |
| Statement. The exact nature of the business I am conducting and for which I desire a license is that of AMUSEMENT MACHINES, located at the above listed address. | | | | Initial Here | |

| | | | | | |
|---|------------------------------|-----------------------------|---|-------------|--|
| 3. Is this business an APARTMENT RENTAL/MOTEL/LODGING HOUSE/HOTEL? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of units: | | |
| | | | <i>Please exclude kitchen and bathrooms</i> | # of rooms: | |

| | | | | | |
|--|------------------------------|-----------------------------|--------------|--|--|
| 4. Is this business a BARBERSHOP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of chairs: | | |
|--|------------------------------|-----------------------------|--------------|--|--|

| | | | | | | |
|---|------------------------------|-----------------------------|------------------------|------------------------------|--|-----------------------------|
| 5. Is this a FORTUNETELLING, palmistry, clairvoyance, astrology or similar business? <small>(Sec. 7-231 and 7-232)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, specify which: | | Please initial next to the statement. Must provide a 2" X 2" photograph taken within the last 30 days of the applicant's head and face. Must provide a full set of fingerprints administered by a law enforcement agency. Police Dpt. (954) 457-1400 Must complete Section G. | |
| Do you now hold or have ever held a fortunetelling or similar license from any State, County or Municipality? | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| Issued by: | From | To | | | | |
| | | | | | | |
| Statement. The exact nature of the business I am conducting and for which I desire a license is that of fortunetelling, palmistry, clairvoyance, astrology or similar business, located at the above listed address and I do not conduct any other business in connection therewith. | | | | Initial Here | | |

| | | | | | |
|--|------------------------------|-----------------------------|--|--------------|---|
| 6. Is this a MESSAGE SERVICE company? <small>(Sec. 7-461 and 32-779)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | Must obtain the Certificate after approval. |
| Statement. I acknowledge that I must submit a monthly report along with roster of employees, corresponding state licenses & state issued IDs. | | | | Initial Here | |

| | | | | | |
|--|------------------------------|-----------------------------|--|--------------|---|
| 7. Is this a MOBILE CAR WASH service business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | If yes, please initial next to the statement. |
| Statement. I acknowledge that as a condition of issuance of the Business Tax Receipt for a mobile car wash, I will wash cars only at residential properties and I will also use only biodegradable detergent. | | | | Initial Here | |

| | | | |
|--|------------------------------|-----------------------------|---|
| 8. Is this business a NIGHTCLUB business? (Sec. 5-9) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | This application must be completed by the president of corporation or principal partner or owner of establishment. Each additional officer of corporation or partner must complete Sections C and G. Requires Planning and Zoning and City Commission Board approval. |
|--|------------------------------|-----------------------------|---|

| | | | |
|---|------------------------------|-----------------------------|--|
| 9. Is this a LANDSCAPING business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please initial next to the statement. <i>Initial Here</i> |
| Statement. This application is for the business of landscaping/gardening and I acknowledge that this is not a home based business. Also, no equipment, cutting or lawn debris, etc. is to be stored outside on the premises so as to create an eyesore. Further, I acknowledge that my license will be revoked upon ten days of written notice, if any complaints are received and investigation determines that the complaints are valid. | | | |

| | | | | |
|--|------------------------------|-----------------------------|-------------------------|---|
| 10. Is this a RESTAURANT ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many seats? | If yes, please attach a copy of the license issued by the Department of Business Regulation and Professional Regulation, Hotel and Restaurant Division. |
| Will there be outdoor seating? (Sec. 32-169) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many seats? | If yes, please complete an outdoor seating application with Planning and Zoning Division |

| | | | |
|--|------------------------------|-----------------------------|--|
| 11. Does this business sell goods, jewelry or merchandise on a RETAIL basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 12. Does this business sell goods, jewelry or merchandise on a WHOLESALE basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| What is the annual average cost value or retail inventory? | \$ | | |
| What is the annual average cost value or wholesale inventory? | \$ | | |
| What is the annual average cost value or consigned merchandise? | \$ | | |

F. HOME BASED BUSINESS

| | |
|---|--|
| The Hallandale beach Zoning Ordinance provides for applicants to list their home address for a Home Business Tax License, subject to all standards stipulated in Article III, Section 32-370, in addition to all applicable building and zoning codes. Applicants shall be required to provide proof of residency with the application for a home-based business tax license. | Proof of residency Letter authorizing the use of the property for the business by condo/co-opt or apartment owner or association. |
| <i>Article I, Section 32-8. Definition.</i> Home occupation means any activity carried out for gain within a dwelling, by persons residing in the dwelling unit, which use is accessory and incidental to the use of the dwelling for residential purposes, and is in accordance with the provisions of Article III, Section 32-370. | Must sign statement. |
| <i>Article III, Section 32-370. Home occupation.</i> Performance standards. A home occupation is allowable as an accessory use in a dwelling unit in any residential area. No home occupation shall be permitted unless it complies with all of the following standards: <ol style="list-style-type: none"> The use shall be conducted entirely within a dwelling and carried on only by the residents of the dwelling. No more than 25 percent of the area of the residence and no garage or accessory building or structure is used for the business purpose. No sign relating to the home occupation or any business may be posted or displayed on the site and no vehicles with any signs displaying the business or residential address, which might serve to indicate that the dwelling is being used for a business occupation use, may be located on the premises. No person or customer shall be serviced in person on the site nor shall the occupation be conducted in any way which would necessitate suppliers or customers visiting the site. <i>Exception.</i> Individual tutoring shall be permitted at the residence, provided there are no more than two students at any one time in the residence. No goods shall be displayed for sale or as samples either inside or outside on the site. No noise, odors, smoke, electrical interference, hazardous materials or nuisance of any type shall arise from or be used in the conduct of the occupation. The address or telephone of the premises may be used for receiving business mail and telephone calls provided no more than one business phone line and one fax/modem line are used and the home address is not listed in any Yellow Pages advertising. The home address shall not be used for purposes of advertising, soliciting or announcing the licensed use of the premises through printed material or any other media, except stationery and business cards. | |

| | | |
|---|--|--|
| 10. The use shall not generate additional pedestrian or vehicular traffic. | | Must sign statement for home-based business license. |
| Statement. I have read and understand the above restrictions/conditions of Article III, Section 32-191, Hallandale Beach Land Development Code, for operating a home-based business. I further acknowledge that my residence will be subject to inspection, upon prior notice, in the event the City has reasonable cause to believe a violation of the restrictions has occurred. | | |
| Signature | | |

G. HISTORY

| | | | |
|---|------------------|------------------------------|-----------------------------|
| 1. Have you ever been fingerprinted? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Where? | For what reason? | | |
| 2. Have you ever been refused a license by any State, County or Municipality? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, state the reasons: | | | |
| 3. Have you ever had your license revoked by any State, County or Municipality? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, state the reasons: | | | |
| 4. Have you ever been convicted of a felony or a crime involving dishonesty? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, give date, place of arrest, arresting agency, nature of offense, disposition of case. | | | |

| 5. List all residences for the last five (5) years: | | | |
|---|------|----|------|
| Address | Date | To | Date |
| | | - | |
| | | - | |
| | | - | |
| | | - | |

| 6. List all occupations for the last five (5) years: | | | |
|--|------|----|------|
| Address | Date | To | Date |
| | | - | |
| | | - | |
| | | - | |
| | | - | |

H. FEES (CITY USE ONLY)

| BTR # | BTR # | BTR # | Subtotal | |
|-------|-------|-------|----------|---|
| \$ | | | | Application Fee-Non Refundable |
| \$ | | | | Business Tax Receipt (Full Year) |
| \$ | | | | Business Tax Receipt Transfer Fee (10% of license fee) |
| \$ | | | | Business Tax Receipt (Home based business: 50% of regular business tax) |
| \$ | | | | Business Tax Receipt (Half Year) |
| \$ | | | | Penalty |
| \$ | | | | TOTAL FEES DUE |

Any attempts to operate the business for which this application is being made prior to issuance of a business tax receipt 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 Florida Statutes 205.053(2).

| | | | |
|------------------------------|--|-------|--|
| Application received by: | | Date: | |
| Zoning License approval: | | Date: | |
| Sanitation License approval: | | Date: | |

I. AFFIDAVIT OF APPLICANT

I acknowledge that I have carefully reviewed this application and all information contained herein has been freely and voluntarily provided. All facts, figures and statements contained herein are true, correct and complete to the best of my knowledge and belief. I also acknowledge and understand that the issuance of a City Business Tax License is contingent upon a zoning compliance inspection and in conjunction with the issuance of certificate occupancy.

| | | | |
|-------------------|--|-------|--|
| Name of applicant | | Title | |
| Signature | | | |

Sworn to and subscribed before me at _____ this _____ day of _____ 20 _____.

(SEAL)

Personally know _____
or produced ID _____
Type of ID produced _____

Notary Public