



**JOHN E. BROOKS**  
Chief of Police

# City of Sunrise, Florida

## Police Department



**CODE ENFORCEMENT DIVISION**  
**BUSINESS TAX RECEIPT**  
1607 N.W. 136 AVENUE – BLDG. B - SUNRISE, FL 33323-2835  
954-572-2352 – FAX 954-838-7653

### BUSINESS TAX RECEIPT APPLICATION

**TYPE:**  NEW BUSINESS  HOME-BASED BUSINESS  POSTAL BOX  ADDRESS CHANGE  NAME CHANGE  TRANSFER  CLASSIFICATION CHANGE

DATE BUSINESS STARTED IN SUNRISE: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

FICTITIOUS NAME OR NAME OF LICENSED PROFESSIONAL (IF APPLICABLE) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY/STATE/ZIP + 4 CODE \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP + 4 CODE \_\_\_\_\_

OWNER/APPLICANT NAME \_\_\_\_\_ DRIVER'S LIC. NO. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

OWNER/APPLICANT HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

FULLY DESCRIBE EXACT NATURE OF BUSINESS (INCLUDING A COMPLETE LIST OF SERVICES PROVIDED):

#### EATING ESTABLISHMENTS ONLY:

SEATING CAPACITY: \_\_\_\_\_ WILL THERE BE LIVE OR MECHANICAL MUSIC?  Yes  No IF YES, WHAT TYPE? \_\_\_\_\_

ALCOHOLIC BEVERAGES?  Yes  No TAKE OUT SERVICE?  Yes  No DELIVERY SERVICE?  Yes  No RETAIL SALES?  Yes  No

#### GASOLINE SERVICE STATIONS ONLY:

NUMBER OF NOZZLES: \_\_\_\_\_ IS THERE A REPAIR SHOP?  Yes  No IF YES, HAS PLANNING APPROVAL BEEN GRANTED?  Yes  No

CAR WASH?  Yes  No CONVENIENCE STORE?  Yes  No ALCOHOLIC BEVERAGE SALES?  Yes  No TOBACCO SALES?  Yes  No

#### ALL BUSINESSES:

RETAIL SALES?  Yes  No IF YES, PROVIDE YEARLY INVENTORY OF GOODS AT YOUR COST: \$ \_\_\_\_\_ (MUST COMPLETE AFFIDAVIT)

WHOLESALE?  Yes  No IF YES, PROVIDE YEARLY INVENTORY OF GOODS AT YOUR COST: \$ \_\_\_\_\_ (MUST COMPLETE AFFIDAVIT)

VIDEO GAMES?  Yes  No IF YES, HOW MANY? \_\_\_\_\_ BILLIARD TABLES?  Yes  No IF YES, HOW MANY? \_\_\_\_\_  
VENDING MACHINES?  Yes  No IF YES, HOW MANY? \_\_\_\_\_ COST OF GOODS IN VENDING MACHINES?  Less Than \$1?  More Than \$1?

DAILY HOURS OF OPERATION: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME

*I swear or affirm the information given on and with this application is true to the best of my knowledge and belief. I am authorized to act and bind the firm in all manners connected with the business.*

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

#### OFFICIAL USE ONLY:

FIRE FEE CODE \_\_\_\_\_ CONTROL # \_\_\_\_\_ LICENSE # \_\_\_\_\_

SHARED SPACE (IF CHECKED, THEN NAME OF OTHER BUSINESS): \_\_\_\_\_