

**Community Development Department
Community Enhancement and Code Compliance Division
Business Tax Office**

10770 West Oakland Park Blvd., Sunrise, FL 33351
Phone: (954) 572-2352 • E-mail: BTRdocuments@sunrisefl.gov



FOR OFFICE USE

BUSINESS TAX RECEIPT APPLICATION
-INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED-

<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> HOME-BASED BUSINESS	<input type="checkbox"/> POSTAL BOX	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> CLASSIFICATION CHANGE/ADDITION
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DATE BUSINESS STARTED IN SUNRISE _____	DATE OF APPLICATION _____
CORPORATION NAME _____	
FICTITIOUS NAME (DBA): _____	
BUSINESS ADDRESS _____	CITY/STATE/ZIP + 4 CODE _____
BUSINESS PHONE NUMBER _____	FEIN or SSN _____
ALTERNATE PHONE NUMBER _____	FAX NUMBER _____
MAILING ADDRESS _____	CITY/STATE/ZIP + 4 CODE _____
WEBSITE _____	EMAIL ADDRESS _____
OWNER/APPLICANT NAME _____	DRIVER'S LIC. NO _____ BIRTHDATE _____
OWNER/APPLICANT HOME ADDRESS _____	CITY/STATE/ZIP _____
HOME PHONE NUMBER _____	ALTERNATE EMAIL _____

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

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DAYS & HOURS OF OPERATION: _____ NUMBER OF EMPLOYEES: _____ FULL-TIME _____ PART-TIME

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? _____ VENDING MACHINES? Yes No IF YES, HOW MANY? _____
COST OF GOODS IN MACHINES? Less Than \$1? More Than \$1? ALCOHOLIC BEVERAGES? Yes No DELIVERY SERVICE? Yes No

PLEASE INITIAL: _____

RESTAURANT & TAKE OUT ONLY ESTABLISHMENTS:

BAR SEATING: _____ RESTAURANT SEATING: _____ OUTDOOR SEATING: _____ MAX CAP: _____
WILL THERE BE LIVE OR MECHANICAL MUSIC? Yes No IF YES, WHAT TYPE? _____ RETAIL SALES? Yes No
ALCOHOLIC BEVERAGES? Yes No TAKE-OUT SERVICE? Yes No DELIVERY SERVICE? Yes No

GASOLINE STATION:

NUMBER OF PUMPS: _____ REPAIR SHOP? Yes No CAR WASH? Yes No CONVENIENCE STORE? Yes No
ALCOHOLIC BEVERAGE SALES? Yes No HEMP FOOD ESTABLISHMENT PERMIT Yes No RETAIL TOBACCO SALES? Yes No

I swear or affirm the information given on and with this application is true to the best of my knowledge and that I am authorized to act and bind the firm in all manners connected with the business. The acceptance and processing of payment for a local business tax receipt does not constitute approval from the City of Sunrise that the business establishment is in compliance with the City Code of Ordinances, including zoning regulations; or the Florida Building Code, the National Fire Protection Association codes, or any other local, state, or federal codes.

PRINT NAME _____ SIGNATURE _____ DATE _____

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____
day of _____, 202____, by _____.

Signature of Notary Public – State of Florida

Print, type or stamp commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

OFFICIAL USE ONLY:

BUSINESS ID NO. _____ LICENSE NO. _____ SHARED SPACE (NAME OF OTHER BUSINESS) _____