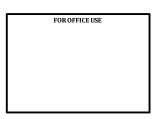
Community Development Department Community Enhancement and Code Compliance Division Business Tax Office

10770 West Oakland Park Blvd., Sunrise, FL 33351

Phone: (954) 572-2352 • E-mail: <u>BTRdocuments@sunrisefl.gov</u>





BUSINESS TAX RECEIPT APPLICATION

-INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED-

□ NEW BUSINESS □ HOME-BASED BUSINESS □ POSTAL BOX □ ADDRESS CHANGE □ NAME CHANGE □ TRANSFER □ CLASSIFICATION CHANGE/ADDITION				
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			
DAYS & HOURS OF OPERATION:	NUMBER OF EMPLOYEES:	FULL-TIME PART-TIME		
ALL BUSINESSES:				
RETAIL SALES? Δ Yes Δ No $$ IF YES, PROVIDE YEARLY INVENTORY OF GOODS AT YOUR COST: \$		(MUST COMPLETE AFFIDAVIT)		
WHOLESALE? Δ Yes Δ No IF YES, PROVIDE YEARLY INVENTORY OF GOODS AT YOUR COST: \$,		
VIDEO GAMES? Δ Yes Δ No IF YES, HOW MANY? VENDING MACHINES? Δ Yes Δ No IF YES, HOW MANY?				
COST OF GOODS IN MACHINES? Δ Less Than \$1? Δ More Than \$1? AL	COHOLIC BEVERAGES? \triangle Yes \triangle No	DELIVERY SERVICE? Δ Yes Δ No		

PLEASE INITIAL: _____

	RESTAU	RANT & TAKE C	OUT ONLY ESTABLISHMENTS:			
BAR SEATING: RESTAURANT SEATING: OUTDOOR SEATIN		OUTDOOR SEATING:	MAX CAP:			
				RETAIL SALES? Δ Yes Δ No		
				DELIVERY SERVICE? Δ Yes Δ No		
GASOLINE STATION:						
NUMBER OF PUMPS: F	REPAIR SHOP? Δ Y	'es Δ No	CAR WASH? Δ Yes Δ No	CONVENIENCE STORE? Δ Yes Δ No		
ALCHOLIC BEVERAGE SALES? Δ Yes	s Δ No HEMP F	OOD ESTABLIS	SHMENT PERMIT Δ Yes Δ No	RETAIL TOBACCO SALES? Δ Yes Δ No		
	of Ordinances,	including zo	ning regulations; or the F	e that the business establishment is in Florida Building Code, the National Fire		
PRINT NAME		SIGNATURE		DATE		
STATE OF FLORIDA COUNTY OF BROWARD Sworn to (or affirmed) and subs	cribed before me	by means of	□ physical presence or □	online notarization, this		
day of	, 202	, by				
			_ Signature of Not	ary Public – State of Florida		
			Print, type or sta	mp commissioned name of Notary Public		
Personally Known OR Pro	oduced Identificatio	n				
Type of Identification Produced						
		OFFICIA	AL USE ONLY:			
BUSINESS ID NO LICENSE NO A SHARED SPACE (NAME OF OTHER BUSINESS)						