



THIS APPLICATION MUST BE PRESENTED IN PERSON TO THE OFFICE LISTED BELOW FOR PROCESSING

Board of County Commissioners, Broward County, Florida  
Finance and Administrative Services Department  
REVENUE COLLECTION DIVISION ~ Tax & License Section  
115 S. Andrews Avenue Room A-100, Fort Lauderdale, Florida 33301 (954) 831-4000

**APPLICATION FOR LOCAL BUSINESS TAX RECEIPT (Formally Known as Occupational License)**

A BUSINESS TAX RECEIPT IS NOT A GUARANTEE THAT YOUR BUSINESS IS OPERATING IN COMPLIANCE WITH LOCAL LAWS. IF YOUR BUSINESS IS LOCATED WITHIN A MUNICIPALITY'S JURISDICTION, CHECK WITH THAT MUNICIPALITY FOR THE ZONING REQUIREMENTS. LINK TO CITIES IN BROWARD: <http://www.rootsweb.com/~flbrowar/cities.html>

1. Is your business within the unincorporated area of Broward County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you must obtain a certificate of use from Broward County's Building Code Services your Business Tax Receipt will be issued. Their office is located at 1 N. University Dr., Plantation FL 33324  
<http://www.broward.org/building/welcome.htm>

2. Name of Business \_\_\_\_\_

3. Name of owner, principal or officer \_\_\_\_\_

4. Business Location \_\_\_\_\_  
Street City Zip Code

5. Owner Address: \_\_\_\_\_  
Street City Zip Code

6. Mailing Address: \_\_\_\_\_  
Street City Zip Code

7. Business Phone \_\_\_\_\_ 8. Social Security # or Federal ID # \_\_\_\_\_

9. Type of Business \_\_\_\_\_ 10. Date business Opened or will open \_\_\_\_\_

11. Number of employees (including owner and principals) \_\_\_\_\_

12. Do you own (not lease) any coin-operated, merchandise, service or amusement machines on the premises?  
Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_  
What type of machine(s)? (Merchandise or Amusement) \_\_\_\_\_

Date \_\_\_\_\_ Name of Applicant (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Title: \_\_\_\_\_  
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SUBJECT: FICTITIOUS NAME ACT: "FS 865.09"

(1) I declare that I have registered, or will register, with the Division of Corporations of the Department of State, for the Fictitious Name Act.

PRINT YOUR NAME \_\_\_\_\_

PRINT YOUR FICTITIOUS NAME (D/B/A) \_\_\_\_\_

**OR**

(2) I do not have to comply with the Fictitious Name Act because: Check Appropriate Box

- ☐ I AM USING MY FULL LEGAL NAME  
☐ MY BUSINESS IS REGISTERED AS A CORPORATION  
☐ OTHER

FAILURE TO COMPLY WITH THE FICTITIOUS NAME REGISTRATION PROVISIONS OF SECTION 865.09, FLORIDA STATUTES, IS A MISDEMEANOR OF THE SECOND DEGREE AND PUNISHABLE AS PROVIDED IN SECTION 775.082 OR SECTION 775.083, FLORIDA STATUTES. I UNDERSTAND THAT BY SIGNING THIS FORM, THAT IF ANY OF THE ABOVE IS NOT TRUE, I WILL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS AFFIDAVIT IS NOT THE APPLICATION FOR THE REGISTRATION OF YOUR FICTITIOUS NAME.**  
Fictitious Name Registration Packets can be obtained in the Governmental Center's Main Lobby at the Security Desk or:

Florida Department of State, Division of Corporations (850)-488-9000

You may register on-line at: [www.sunbiz.org](http://www.sunbiz.org)

FOR OFFICE USE ONLY  
Form No. 401-279A (Rev 03/09)

Account \_\_\_\_\_