



Business Tax Receipt Division

1607 NW 136 Ave., Bldg. B · Sunrise, FL 33323 · P: 954.572.2352 · F: 954.572.2357

BUSINESS TAX RECEIPT APPLICATION

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

DATE BUSINESS STARTED IN SUNRISE _____ DATE OF APPLICATION: _____

CORP NAME _____ FICTITIOUS NAME _____

BUSINESS ADDRESS _____ SUITE _____ CITY _____ ST _____ ZIP _____

BUSINESS PHONE _____ EXT: _____ TAX I.D. # _____

MAILING ADDRESS _____ SUITE _____ CITY _____ ST _____ ZIP _____

OWNER/APPLICANT _____ TITLE _____

HOME ADDRESS _____ APT _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ OWNER/APPLICANT DRIVER LIC. # _____ D.O. B. _____

FULLY DESCRIBE EXACT NATURE OF BUSINESS _____

CHECK ONE: BUSINESS OWNER CONTRACTOR/QUALIFER MANAGER REGISTERED AGENT OTHER
CHECK ONE: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP GENERAL or LIMITED

EATING ESTABLISHMENTS: SEATING CAPACITY _____

LIVE OR MECHANICAL MUSIC: Yes No MUSIC TYPE _____ ALCOHOLIC BEVERAGES Yes No

TAKE OUT: Yes No RETAIL SALES: Yes No DELIVERY: Yes No INVENTORY AMOUNT \$ _____

PROPOSED DAILY HOURS OF OPERATION: _____

GASOLINE SERVICE STATIONS: NUMBER OF NOZZELS _____ ALCOHOLIC BEVERAGES Yes No

CAR WASH Yes No REPAIR SHOP Yes No TOBACCO Yes No

RETAIL SALES Yes No INVENTORY AMOUNT \$ _____

MERCHANTS: RETAIL WHOLESALE *INVENTORY AMOUNT \$ _____

*****The "INVENTORY AMOUNT" is defined as the YEARLY INVENTORY OF GOODS, AT YOUR COST.*****

VIDEO GAMES: No Yes How many? _____ VENDING MACHINES: No Yes How many? _____

BILLIARD TABLES: No Yes How many? _____

ALL BUSINESSES: NUMBER OF FULL-TIME EMPLOYEES (Two part-time employees equal one full-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 matters connected with the business.

SIGNATURE OF OWNER/APPLICANT X _____

TITLE _____ DATE _____ PRINTED NAME _____

Social Security Number Collection Disclosure Statement: Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking and benefit processing. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

OFFICIAL USE ONLY

SHARED SPACE FIRE FEE CODE _____ CONTROL # _____ LICENSE # _____