



Business Location Information	Type of application, check all that apply: <input type="checkbox"/> New <input type="checkbox"/> Temporary (90 day) <input type="checkbox"/> Exemption <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change (within Plantation) <input type="checkbox"/> Owner Change <input type="checkbox"/> Mailing or Contact Update <input type="checkbox"/> Other		Business operated from: <input type="checkbox"/> Home* <input type="checkbox"/> Office <input type="checkbox"/> Store Front <input type="checkbox"/> Warehouse <input type="checkbox"/> Virtual Office** <input type="checkbox"/> Mailbox Store** <input type="checkbox"/> Salon Suite <input type="checkbox"/> Kiosk <input type="checkbox"/> Executive Suite <input type="checkbox"/> Other <small>*Requires Agreement for License and Inspection **Requires copy of lease and/or current contract</small>		
	Do you currently have a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, permit #		Sq. ft. occupied?		
	Does this business have a vending or ATM machine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, vendor name		Business structure: <input type="checkbox"/> Professional <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		
	Number of people working at this business location?				
	Fictitious Name or <input type="checkbox"/> Not Applicable				
	Corporate Name or <input type="checkbox"/> Not Applicable				
	Name of Professional or <input type="checkbox"/> Not Applicable				
Address			Suite		
Zip		Phone		Fax	
Web Site		Email			
Mailing Contact	<input type="checkbox"/> Use business location address Name				
	Address			Suite	
	City		State	Zip	
	Phone		Email		
Business Owner	Name				
	Home Address			Apt.	
	City		State	Zip	
	Cell Phone		Email		
Applicant Acknowledgement	Application does not guarantee issuance of a local business tax receipt. Compliance with all current City Code, including zoning, is required. All necessary inspections and documentation must be completed prior to issuance of a local business tax receipt. All businesses or professionals requiring a federal, state and/or county license or certificate must provide a copy. This document will become void if the business certificate is not active within sixty (60) days of application processing. A copy of this application will be sent to the Police Department. I swear or affirm that the information given with this application is true to the best of my knowledge and belief.				
	Applicant Signature		Date		
	Phone		Email		
	Applicant Name		Title		
	Attachments: <input type="checkbox"/> LOI <input type="checkbox"/> Sunbiz Detail <input type="checkbox"/> Fict.Name <input type="checkbox"/> Reg.License <input type="checkbox"/> Seating/Units/Sq.Ft. <input type="checkbox"/> Lease/Contract <input type="checkbox"/> Residential Agreement <input type="checkbox"/> Other				
City Use	Record #: OC	Accela Entry:	Pages Scanned:	Scanned by:	