## **City Hall** 400 NW 73 Ave Plantation, FL 33317

**Development Services** 401 NW 70 Ter Plantation, FL 33317

Signature of Notary Public



## **City of Plantation**

Local Business Tax Desk 954-797-2239

## Statement of Units

Medical and Related Services, Beds

The Local Business Tax Receipt annual fee for hospitals, adult congregate living, retirement facilities, sanitariums, convalescent homes, and nursing homes is calculated according to the number of beds at the location. This form must be completed in its entirety and returned with an application for Local Business Tax Receipt

Business Tax Receipt.			
The annual fee shall be ca	culated as follows:		
	0 through 10 beds	\$220.50 \$273.00 \$330.75 \$393.75 \$399.00	
I do hereby attest that the	number of beds listed below is	s correct.	
Business Name			Beds at Location
			Plantation, FL 333
Business Location Address			
Applicant's Printed Name		Title	
Applicant's Signature		. — — Date	
State of			NOTARY STATEMENT
County of			
The foregoing instrument was a	cknowledged before me by means of	□physical presence	or □online notarization, this
day of	, 20, by		
an □individual or □as	on behalf	of	
a $\square$ corporation, $\square$ limited liabil	ity company, or □partnership forme	ed in	, who is □personally
known to me or □has produced	d a	as	identification.
		Seal	