



CITY OF  
**FORT LAUDERDALE**

*Venice of America*

**CITY OF FORT LAUDERDALE BUSINESS TAX APPLICATION**

The City of Fort Lauderdale welcomes you to the business community. We wish you good fortune in your business venture and we will be ready to assist you in any way possible. The attached package is your application for a Local Business Tax Receipt (BTR) with the City of Fort Lauderdale.

New businesses must obtain their local business tax receipt prior to engaging in their business, profession, or occupation. The amount of tax will vary according to business type and size.

For your convenience, we have provided a registration checklist. This checklist provides a list of the required documentation that must be submitted to obtain your BTR.

All new businesses require Zoning approval after an application is submitted. The application is then reviewed by the Business Tax Department to assure that the business is compliant with Federal, State, and local regulations. If any information is missing or incorrect you will be notified to correct the application.

Each year a renewal notice will be mailed to you. Please remember all Business Taxes must be renewed prior to October 1<sup>st</sup> of each year. If your business requires liability insurance, a current copy must be submitted with your renewal.

If you have any questions you can email us at [BusinessTax@fortlauderdale.gov](mailto:BusinessTax@fortlauderdale.gov).

Best of luck in your new business venture

EQUAL OPPORTUNITY EMPLOYER

**BUILDING SERVICES  
BUSINESS TAX DIVISION**  
700 N.W. 19<sup>th</sup> AVENUE, FORT LAUDERDALE, FLORIDA 33311  
TELEPHONE (954) 828-5195, FAX (954) 828-6929  
**[BusinessTax@fortlauderdale.gov](mailto:BusinessTax@fortlauderdale.gov)**

# BUSINESS TAX APPLICATION CHECKLIST

YOUR FIRST STEP TO OBTAINING A BUSINESS TAX IN THE CITY OF FORT LAUDERDALE IS TO FILL OUT AN APPLICATION. ZONING WILL VERIFY THE PROPERTY LOCATION IS PROPERLY ZONED FOR THE BUSINESS ACTIVITY.

- Application for a Business Tax for the City of Fort Lauderdale with Zoning approval
- Photocopy of Fictitious Name Registration and/or Articles of Incorporation (if applicable)
- Photocopy of a valid State License (State licensed professionals only)  
Department of Professional Regulation  
Department of Agriculture  
Division of Highway and Motor Vehicle  
Division of Hotel and Restaurants
- Photocopy of your State Drivers License with current address per Florida Statute 322.19
- N/A Photocopy of State License for Alcohol (if serving or selling alcohol)  
\* City liquor measurement may be needed\*
- Photocopy of Certificate of Insurance Liability with the City of Fort Lauderdale (if applicable)
- N/A Payment of City Safety inspection if needed
- N/A Photocopy of bill of sale or Tax signed by buyer and seller (if change of ownership)
- N/A Letter of approval from the Airport Manager (if business located at Executive Airport)

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## INFORMATION GUIDE FOR NEW BUSINESS

New businesses must obtain their local business tax receipt prior to engaging in their business, profession, or occupation. The amount of tax will vary according to business type and size

**BEFORE A LOCAL BUSINESS TAX RECEIPT IS ISSUED FOR BUSINESSES UNDER SOME CLASSIFICATIONS**, the applicant must have complied with certain requirements as shown below. Please note that **you must provide a copy** of the license, certificate, registration or exemption with your application.

The information needed to apply for the City of Fort Lauderdale Business Tax includes, but is not limited to the following items:

Business name; Owner(s) or President's Name  
Mailing Address  
Physical Location of Business  
Telephone Number(s)  
Federal ID Number (US Internal Revenue Service. Toll Free Number 1-800-829-3676. [www.irs.gov](http://www.irs.gov))  
A copy of Drivers License  
A copy of State License for professionals, where applicable  
A copy of the Fictitious Name Registration, where applicable  
A copy of Insurance Liability, where applicable

**Note: Corporations** are registered with the Florida Secretary of State. For information call (850) 245-6052. Out of State corporations must register with the Secretary of State if they intend to use their corporate name. For information call (850) 245-6051.

If the business name used in your business does not include the full first name, and last name of the business owner, the business name would be considered a Fictitious Name, and must be registered with the Florida Secretary of State's Office, 850-245-6058. <https://efile.sunbiz.org/ficregintro.html>

To obtain a Florida Sales Tax Number, (resale number) contact the Florida Department of Revenue.  
(386) 758-0420 <http://dor.myflorida.com/dor>

State licensing requirements can be obtained by calling the Consumer Services Department  
1-800-435-7352. <http://doacs.state.fl.us>

**Businesses that sell or serve food products** must be inspected by either, Florida Department of Agriculture & Consumer Services, 1-800-435-7352, <http://doacs.state.fl.us> or The Florida Division of Hotel & Restaurant Commission, 1-800-226-5561 or (904) 727-5540.

**1. HOTELS, MOTELS, ROOMING HOUSES, APARTMENTS, AND MOBILE HOME PARKS, along with ANY FOOD OR DRINK ESTABLISHMENTS** must have a license from the State Hotel Commission before a Local Business Tax Receipt can be issued. Please call the Department of Business and Professional Regulation, Division of Hotels and Restaurants at 1-850-487-1395 for more information. <http://myfloridalicense.com/dbpr/hr/licensing.html>

**2. HEALTH CLUBS, SPAS, WEIGHT CONTROL CENTERS, MASSAGE STUDIOS, PUBLIC BATHS, KARATE OR JUDO SCHOOLS, AND TENNIS, RACQUETBALL, OR SWIMMING CLUBS** must post financial security (\$50,000 bond) with the Florida Department of Agriculture and Consumer Services per Florida State Statute 501.012(1)(A) before a Local Business Tax Receipt can be issued. Please call 800-HELP FLA (800-435-7352).

**3. SELLERS OF TRAVEL, INCLUDING INDEPENDENT TRAVEL CONSULTANTS**, must have a Certificate of Registration from The Division of Consumer Services or Statement of Exemption before a Local Business Tax Receipt can be issued. Please call 800-435-7352 for information. <http://www.800helpfla.com/sot.html>

**4. BALLROOM DANCE HALLS** must have a Certificate of Registration from The Department of Agriculture & Consumer Services 1-800-435-7352 [www.800helpfla.com](http://www.800helpfla.com) before a Local Business Tax Receipt can be issued. Please call 800-435-7352 for details.

**5. TELEMARKETERS** must have a Certificate of Registration from The Department of Agriculture & Consumer Services 1-800-435-7352 [www.800helpfla.com](http://www.800helpfla.com) an Affidavit of Exemption, or a Letter of Exemption before a Local Business Tax Receipt can be issued. Please call 800-435-7352 for information.

**6. EXTERMINATORS** must have a State license from The Department of Agriculture & Consumer Services 1-800-435-7352 before a Local Business Tax Receipt can be issued. <http://www.freshfromflorida.com/onestop/aes/pestcont.html>

**7. MOTOR VEHICLE REPAIR SHOPS** must obtain a Certificate of Registration from Department of Agriculture & Consumer Services 1-800-435-7352 [www.800helpfla.com](http://www.800helpfla.com) or Exemption Certificate before a Local Business Tax Receipt can be issued.

**8. MOTOR VEHICLE DEALERS** must be State licensed from the Department of Highway Safety & Motor Vehicles before a Local Business Tax Receipt can be issued. Please call 850-922-9000. <http://www.flhsmv.gov>

City of Fort Lauderdale  
700 NW 19<sup>th</sup> Avenue  
Ft. Lauderdale, FL 33311  
BusinessTax@fortlauderdale.gov

Business Tax Application

New Business  
 Change of Address  
 Change of Ownership  
 Change of Name  
 Other \_\_\_\_\_

Office Use Only  
Business ID# \_\_\_\_\_  
Business# \_\_\_\_\_

Date: 7-1-2014

Business Name or DBA (fictitious name) Sunrise Paddleboards Shuttle

Corporation Name Sunrise Paddleboards, LLC

Business Address 2520 N. Federal Hwy. Ft. Lauderdale, FL 33305

Mailing Address (if different) \_\_\_\_\_

Business Phone (954) 440-4562 Fax or email: bgalton@y2hoo.com

Federal Tax ID# 90-0682775

Form of Business:  Corporation  Partnership  Individual

Note: Partnerships and Corporations must provide name(s) and addresses of partners and/or corporate officers and registered agent.

Name/ Title: Brian E. Galton / CEO

Address: 3028 Seville St. #3 Fort Lauderdale, FL 33304

Driver License # 6435-202-66-323-0 State: FL DOB 09/03/1986

Phone: 305-879-4220 Email Address bgalton@y2hoo.com

Name/ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_ DOB \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

use back of sheet if necessary

Business Category and Operation

Type of Business / Products/ Services offered (circle all that apply)

Retail/Wholesale Secondhand Hotel/Motel Apartments Social Service Office Only Professional

Contractor Restaurant Nightclub Entertainment Cocktail Lounge/ Bar Home Based Business

Services Adult Use Video Rental Doctor Office Clinic Other (be specific) \_\_\_\_\_

Courtesy Shuttle (Golf Car), Provide free transportation in Beach Area.

NOTE: For the following business categories a separate or supplemental application is required:  
Charitable, Solicitors, Street Vendors, Clairvoyance or Fortunetelling, After Hours (liquor), Sidewalk Café,  
Rental Cars, Taxicabs, State Licensed Professionals

NOTE: ALL BUSINESS OPERATIONS MUST BE CONDUCTED WITHIN A COMPLETELY ENCLOSED BUILDING UNLESS OTHERWISE PERMITTED. NO OUTDOOR MUSIC, ENTERTAINMENT, DISPLAY, SALE, DINING, ETC. WITHOUT PRIOR APPROVAL.

Type of Product/ Services/ Businesses Offered (in detail) As stated above.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

10. Will you practice clairvoyance, fortune telling, mind reading, faith healing, divine healing, astrology, or Phrenology, or are you acting as a medium at this location? Y  N

NOTE: If yes, must file a sworn application as outlined in City Ordinance 15-50

11. Will there be outdoor storage of any kind? Y  N

NOTE: Outdoor storage is only permitted as an accessory use in certain zoning districts. If permitted, all storage must meet the requirements of City Ordinance 47-19.9.

12. Will the business be involved in the sale, rental or advertising of motor vehicles or scooters? Y  N

13. Will the business own and/or operate any trucks or motor vehicles in conjunction with the business for delivery, merchandise selling, service, etc? Y  N

If yes, Location they will be stored or parked: 2520 N. Federal Hwy FTL  
37305

14. State License #: \_\_\_\_\_ Agency: \_\_\_\_\_  
Type: \_\_\_\_\_ Expires: \_\_\_\_\_

15. Federal License #: \_\_\_\_\_ Agency: \_\_\_\_\_  
Type: \_\_\_\_\_ Expires: \_\_\_\_\_

16. Is there or will there be signage for this business? Y  N  
(This includes new lettering or a new copy on an existing sign structure)

If Yes, Permit # \_\_\_\_\_

17. Has there been or will there be any interior/ exterior alterations made? Y  N

If yes, Permit #' (s) \_\_\_\_\_

18. Was a certificate of Occupancy issued for these renovations? Y  N (If yes, attach copy)

19. What type of business previously operated at this property? NA

20. Will there be any Valet Parking Service or Off-Site parking? Y  N

If yes, include a site plan and documents showing valet staging plan, operations plan, traffic flow, vehicle ramping, agreement(s) for off-site vehicle storage (parking), insurance, and staffing. Applicant must meet the requirements of the City Code Section 47-20.4 and 47-20.16 and any other applicable City codes or State Statutes. Plans must be approved by the Director of Parking and Fleet Services (or designee) prior to business tax being issued.

4. Do you dispense medications (whether prescribed by your business or not) Y  N
5. Do you have on-site medical personnel or does medical personnel visit your establishment? Y  N
6. Will there be coin operated laundry facilities (washers & dryers)  Y /  N

How many of each? \_\_\_\_\_

7. What is the maximum length of stay? \_\_\_\_\_
8. What is the minimum length of stay? \_\_\_\_\_

Home Based Business (answer below)

1. Is the business being carried out by the occupants of the residence? Y / N  
(must provide proof of residency)
2. Total Square Footage of residence: \_\_\_\_\_ Square Footage to be occupied by business: \_\_\_\_\_

RESTRICTIONS:

- There cannot be any external evidence of the business such as display, use or storage of any goods, materials, or equipment or exterior advertising or signage of any type or nature, which is visible from the exterior of the residence.
- There can not be products or services sold or offered for sale from the residential dwelling.
- The business shall not occupy more than ¼ of the area of one (1) floor of the principal structure thereof, nor can such business be carried out in any accessory structure.
- No traffic shall be generated by the conduct of such home business by anyone other than those persons residing on the premises (NO customers and NO employees permitted)
- No equipment or manufacturing process shall be used in such home business which create noise, vibration, glare, fumes, or odor, which is detectable from the exterior of the residential dwelling in which the home occupation is being conducted.

**VIOLATIONS OF ANY OF THESE PROVISIONS COULD RESULT IN THE ISSUANCE OF A CITATION OR PRESENTATION OF YOUR CASE BEFORE THE SPECIAL MAGISTRATE**

Restaurant / Cocktail Lounge / Bar / Nightclub (answer below)

1. Will there be entertainment offered indoors or outdoors? Y / N

Explain: \_\_\_\_\_

*NOTE: Entertainment is only permitted indoors unless site plan approval provides for outdoor entertainment. All entertainment must be in compliance with City Ordinance, Chapter 17, Noise Control. Pursuant to Section 5-34, ALL entertainment must be in a soundproofed room after 11 p.m.*

I HEREBY DECLARE that all information provided in this application is true and correct and, further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any Business Tax receipts, permits, or approvals issued by the City of Fort Lauderdale, which were based upon information provided in this application. I further agree that if there are any subsequent changes in the operation of my business from what is stated in this application, that I will file a new application and seek prior approval from the City of Fort Lauderdale for any such changes. Failure to obtain the necessary approval will result in the loss of any previous Business Tax receipt, permits, or approvals issued by the City of Fort Lauderdale that were based on this initial application. I further understand that the issuance of a Business Tax receipt is contingent on compliance with all building and zoning ordinances of the City of Fort Lauderdale and that compliance must be maintained. Such compliance includes but is not limited to hiring a licensed contractor to obtain permits for any signage, alterations, or renovations to the property, parking requirements, and compliance with the City's noise control ordinance. I authorize the City to conduct a safety inspection of the proposed business location to verify such compliance. I further acknowledge that certain businesses require that I provide proof of insurance to the City annually and that my Business Tax will not be renewed if I fail to provide such proof of insurance.

Please note that an inspection may be required of the premises by the Building and Fire Department. You will be required to comply any violations prior to a Business Tax being issued.

Business Owner/Applicant Signature

Brian E. Carter  
Brian E. Carter  
Print Name

STATE OF FLORIDA:  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 1st day of July 2014,  
by Brian Carter, as \_\_\_\_\_, of \_\_\_\_\_ a

\_\_\_\_\_. Who are  personally known to me or  have produced

\_\_\_\_\_ as identification.  
(SEAL)

Anne E. Mallino  
Notary Public, State of Florida (Signature  
of Notary taking Acknowledgment)  
Anne E. Mallino  
Name of Notary Typed, Printed or Stamped

My Commission Expires: \_\_\_\_\_

Commission Number EE020225  
  
Notary Public State of Florida  
Anne E. Mallino  
My Commission EE020225  
Expires 11/28/2014