



City of Pompano Beach
 Department of Development Services
 Business Tax Receipt Division

License Year _____

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4668 / 954.786.4633 **Fax:** 954.786.4666

Application for Business Tax Receipt

Name of Business _____ Date _____
 Address of Business _____ Zip _____
 Date business opened at this location _____ Number of Employees _____ Square Feet Occupied _____
 Mailing Address _____ City _____ State _____ Zip _____
 Federal ID # _____ **OR** Social Security Number XXX-XX- _____ Sales Tax # _____
 Bus. Phone # _____ Bus. Fax # _____ Web Address _____
 Owner's Name _____ Date of Birth _____ Emergency Phone # _____
 Owner's Address _____ City _____ State _____ Zip _____
 E-Mail Address _____
 Corp. Name _____ Address. _____ City _____ State _____ Zip _____
 Type of Ownership Corporation [] LLC [] Partnership [] Sole Proprietor []

Describe any and all conduct or activity of the business _____

Giving false information on this application is unlawful and may result in prosecution, suspension or revocation of your Business Tax Receipt.

_____ (Print) **X** _____
Owner, Partner, or Corporate Officer's Name **Owner, Partner, or Corporate Officer's Signature**

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)						
Transfer of:	Name	Ownership	Address	New	Inventory Increase	Category change
Transferred Account Number:			Transferred License No.			
Zoning District:		Paid by: Cash	Check No. _____	Date Paid:		Receipt No.:
The above described business has been determined to be	in compliance with use requirements of the district in which the activity is proposed to be located.					
	not in conformance with the use requirements of the district in which the activity is proposed to be located.					
Category:		Account Number:				
Ord. No.:						
Zoning Fee:		Zoning Official:				
Administrative Fee:						
Penalty Fee:		Business Tax Receipt Official:				
Business Tax Fee:						
Transfer Fee:		Total \$:			Date Issued:	
Sub Total:						