



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

License Year \_\_\_\_\_

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4654 Fax: 954.786.4666 Email: [linda.cebrian@copbfl.com](mailto:linda.cebrian@copbfl.com)

## Short-Term Rental Application

**PROCEDURE:** Submit the completed 4 page application to the Business Tax Receipt Office, with the appropriate fee or send the completed application to the Business Tax Receipt Division with the appropriate fee to the attention of Linda Cebrian, Business Tax Receipt Inspector. When the application is processed, Inspections shall be made by appointment with the 24-hr contact person. **Applications must be submitted by the property owner or authorized representative.**

**INITIAL APPLICATION FEE:** Single Family and Duplex - \$675.00; Triplex and Quadplex - \$750.00  
**ANNUAL RENEWAL FEE:** \$375.00

**APPLICATION CHECKLIST:** The following copies shall be submitted with this completed application.

Submittal Requirement	Contact
A Copy of the Short Term Rental's current License as a Transient Public Lodging Establishment with The Florida Department of Business and Professional Regulation.	State of Florida Department of Business and Professional Regulation <u>Address:</u> 1940 North Monroe Street, Tallahassee, FL 32399-0783 <u>Phone:</u> 850-487-1395 <u>Website:</u> <a href="http://www.MyFloridaLicense.com">www.MyFloridaLicense.com</a>
A Copy of the Short Term Rental's current certificate of registration with the Florida Department of Revenue. Certificate must be in the property owner's name and list the property address (if required).	Florida Department of Revenue, Coral Springs Center <u>Address:</u> 3301 N University Drive Suite 200, Coral Springs, FL 33065 <u>Phone:</u> 954-346-3000 <u>Website:</u> <a href="http://dor.myflorida.com">http://dor.myflorida.com</a>
A Copy of the Short Term Rental's current account with the Broward County Tax Collector.	Tourist Development Tax Section Broward County Tax Collector <u>Address:</u> 115 S Andrews Avenue Room A-110, Fort Lauderdale, FL 33301 <u>Phone:</u> 954-357-8455 <u>Email:</u> <a href="mailto:touristax@broward.org">touristax@broward.org</a>
A Copy of the Broward County Business Tax Receipt.	Local Business Tax Receipt Section Broward County Tax Collector <u>Address:</u> 115 S Andrews Avenue Room A-100, Fort Lauderdale, FL 33301 <u>Phone:</u> 954-831-4000 <u>Email:</u> <a href="mailto:businesstax@broward.org">businesstax@broward.org</a>
A Copy of the current Pompano Beach Business Tax Receipt	City of Pompano Beach, Business Tax Receipt Division, Attn: Linda M. Cebrian <u>Address:</u> 100 W Atlantic Blvd, 3 <sup>rd</sup> Floor, Pompano Beach, FL 33060 <u>Phone:</u> 954-786-4654 <u>Email:</u> <a href="mailto:linda.cebrian@copbfl.com">linda.cebrian@copbfl.com</a>
Documentation demonstrating no Pending Code violations and no unsatisfied liens for property violations ( <b>for any property within Pompano Beach owned by the Property Owner</b> ).	City of Pompano Beach, Lien Search Division <u>Address:</u> 100 W Atlantic Blvd, 3 <sup>rd</sup> Floor, Pompano Beach, FL 33060 <u>Phone:</u> 954-545-7801
A Copy of the standard rental/lease agreement to be used when contracting with occupants.	
Detailed exterior site plot plan identifying property lines, parking spaces, pools, spas, hot tubs, storage area of garbage receptacles, screening if garbage receptacles, and fences.	
Detailed interior floor plan identifying all bedroom, exits and location of fire extinguishers.	
Authorization letter if the application is being submitted on behalf of the owner of the property or by his or her authorized representative.	



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STREET ADDRESS (of the Short-Term Rental):				FOLIO #:	
# of Bedrooms			# of Dwelling Units		
# of Parking Spaces			# of 32 Gallon Refuse/Garbage Cans		
Is there a Swimming Pool?	Yes	No	Is there a Hot Tub?	Yes	No

Responsible Party Contact Information (If party is not the property owner)	Property Owner Contact Information (Please Print)
Business Name (if applicable):	Business Name (if applicable):
Print Name and Title:	Print Name and Title:
Mailing Street Address:	Mailing Street Address:
Mailing Address City/ State/ Zip:	Mailing Address City/ State/ Zip:
Primary Phone Number:	Primary Phone Number:
Secondary/ Cell Phone Number:	Secondary/ Cell Phone Number:
Email:	Email:

24 Hour Contact	Must be within 25 miles of the short-term rental property			
	Property Owner		Responsible Party	Other (below)
Business Name (if applicable):	Print Name and Title:			
Physical Street Address, of Home or Business:	Address City/ State/ Zip:			
Primary Phone Number:	Secondary/ Cell Phone Number:			
Email:				



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### Owner/Responsible Party Affidavit for Short-Term Rental

I certify that I have received a copy of all provisions and regulations set forth in the City of Pompano Beach Code of Ordinances, Chapter 153 Rental Housing and specifically those provisions for Short Term Rental recently adopted by Ordinance 2017-50 shall be met.

I certify that I am familiar with the information contained in this application and applicable ordinances, and that to the best of my knowledge such information is true, complete, and accurate.

The application shall bear the signature of all owner(s) and all authorized responsible party(ies) of the owner(s). If necessary, please attach additional sheets with notarized signatures of all other authorized signatures of all other authorized property owners and/or short term rental responsible party(ies).

The Development Service Director may refuse to issue or renew a license or may revoke a Short Term Rental Permit issued, if the property owner has willfully withheld or falsified any information required for a Short Term Rental Permit.

Failure to renew when applicable, shall constitute a code violation and shall subject the property owner/responsible party to the revocation of the short-term rental permit. Moreover, the Director of Development Services reserves the authority to require an inspection of the property for a permit renewal application.

I understand that this permit is nontransferable and expires on September 30 annually, with the option to renew.

**Property Owner:** \_\_\_\_\_

(Print or Type Name)

**Property Owner:** \_\_\_\_\_

(Signature)

**Date:** \_\_\_\_\_

**Authorized Responsible Party:** \_\_\_\_\_

(Print or Type Name)

**Authorized Responsible Party:** \_\_\_\_\_

(Signature)

**Date:** \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
means of ☐ physical presence or ☐ online notarization.

Notary Public  
Seal of Office

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
(Print Name of Notary Public)

Personally Known

Produced Identification

\_\_\_\_\_  
Type of identification Produced:



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### Local 24 Hour Contact Affidavit

In addition to the responsibilities required for a 24-hour contact person as provided for in § 153.33(F), the additional responsibilities of the 24-hour contact person for Short Term Rental Housing are required to:

- When the application is processed, an Inspection shall be made by appointment with the BTR Inspector.
- Be available and have the authority to address or coordinate problems associated with the property 24 hours a day, 7 days a week;
- Be situated within 25 miles of the short-term rental;
- Maintain the entire property free of garbage and refuse; provided however, this provision shall not prohibit the storage of garbage and litter in authorized receptacles for collection;
- See that provisions of this section are complied with and promptly address any violations of this section or any violations of law, which may come to the attention of the 24-hour contact person and
- Inform all occupants prior to occupancy of the property regulations regarding parking, garbage and refuse, noise, and outdoor musical performances.

I certify that I have read and understand the information contained on this affidavit, and that to the best of my knowledge such information is true, complete, and accurate.

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ (PRINT NAME)  
Who after being duly sworn, deposes and says: That I am the person whose signature appears below, and that the information I have provided above in this document is true and correct.

**Local 24 Hour Contact:** \_\_\_\_\_

(Print or Type Name)

**Local 24 Hour Contact:** \_\_\_\_\_

(Signature)

**Date:** \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
means of ☐ physical presence or ☐ online notarization.

Notary Public  
Seal of Office

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
(Print Name of Notary Public)

\_\_\_\_\_  
Type of identification Produced: Personally Known  
Produced Identification