

**CITY OF OAKLAND PARK
BUSINESS TAX RECEIPT APPLICATION & CHANGE FORM**

Business Street Address: _____ **Suite/Unit #** _____
Business Name: _____ **Phone:** _____
DBA: _____ **Email:** _____
Business Mailing Address: _____
Street City State Zip Code

Business Hours: _____
Will your business be in operation on any day between the hours of 12 AM (Midnight) and 5 AM? Circle one: **YES** **NO**

Type of Business (Description) _____
Business Owner Name: _____ **Contact Phone Number:** _____
Owner Home Address: _____
Street City State Zip Code

Commercial Waste Account #: _____ **(MUST BE OPENED BEFORE RECEIVING BUSINESS TAX RECEIPT)**
Property Owner Name: _____ **Property ID #:** _____
Property Owner Address: _____
Street City State Zip Code

I CERTIFY THE FOREGOING ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE, BELIEF AND UNDERSTANDING THAT THIS APPLICATION IS NOT AN AUTHORIZATION TO CONDUCT ANY BUSINESS UNTIL THE LICENSE HEREIN IS ISSUED.

Applicant's Signature: _____ **Date:** _____

FILL IN THE INFORMATION BELOW ONLY IF IT APPLIES TO YOUR BUSINESS

MERCHANT, Estimated Retail Value of Inventory: _____ Seating Capacity: _____
NUMBER OF CHAIRS/STATIONS (Barber/Beauty Salon): _____ No. of Employees: _____
NUMBER OF RENTAL UNITS (Apartment, Duplex, Triplex): _____
MACHINES (List No. of Each Type): COIN: _____ GAME: _____ VENDING: _____
BILLIARD/POOL TABLE: _____ OTHER: _____

FOR OFFICE USE ONLY

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> NEW BUSINESS | <input type="checkbox"/> ADDRESS CHANGE | <input type="checkbox"/> NO FEE |
| <input type="checkbox"/> NAME CHANGE | <input type="checkbox"/> OWNER CHANGE | <input type="checkbox"/> LATE NIGHT BUSINESS |

ACCOUNT NUMBER: _____

ZONING APPROVAL & BUSINESS RESTRICTIONS

- | | | |
|---|--|--|
| <input type="checkbox"/> OFFICE ONLY | <input type="checkbox"/> NO RETAIL SALES | <input type="checkbox"/> NO WALK-IN TRAFFIC |
| <input type="checkbox"/> STORAGE ONLY | <input type="checkbox"/> NO WHOLESALE SALES | <input type="checkbox"/> NO AUTO SALES |
| <input type="checkbox"/> TAKE OUT ONLY | <input type="checkbox"/> NO DELIVERIES | <input type="checkbox"/> NO VEHICLES ON PREMISES |
| <input type="checkbox"/> HOME OCCUPATION | <input type="checkbox"/> NO VEHICLES DISPLAYED OUTSIDE | <input type="checkbox"/> NO CONSTRUCTION EQUIPMENT ON PREMISES |
| <input type="checkbox"/> HOBBY LICENSE | <input type="checkbox"/> LIKE NEW ITEMS ONLY | <input type="checkbox"/> NO OUTSIDE STORAGE |
| <input type="checkbox"/> DISTANCE SEPARATION 200 FT | <input type="checkbox"/> DISTANCE SEPARATION 750 FT | <input type="checkbox"/> DISTANCE SEPARATION 1500 FT |

REMARKS : _____

ZONING DIVISION: APPROVED _____ DENIED _____ **DATE** _____
DISTANCE SEPARATION MAP (Pawn, Liquor, Payday Loans, Tattoo, Head Shops) _____

BUSINESS TAX RECEIPT AFFIDAVIT

For those applying for a new Business Tax Receipt, relocating a business within the City of Oakland Park, or transferring the business from one owner to another, please read the following instructions carefully. It is the sincere desire of the City of Oakland Park to allow you to start your business with the least amount of delay.

1. The owner or corporation officer of the business MUST APPLY IN PERSON for the Business Tax Receipt, Section 7-19(a)(8), Oakland Park Code of Ordinances. This includes physicians, attorneys, and other related professions.
2. Fees for Business Tax Receipts are payable at the time of application and are based in accordance with Section 7-22, Oakland Park Code of Ordinances.
3. The following information is REQUIRED at the time of application:
 - A) Complete description of your business operation.
 - B) Copy of Florida's Driver's License or Florida Identification Card
 - C) Copy of Social Security Card or Federal Employer Identification Number
 - D) Copy of Florida Articles of Incorporation or Corporations Online approval from Florida Department of State, Division of Corporations
 - E) Copy of Florida Fictitious Name Filing or Corporations Online approval from Florida Department of State, Division of Corporations.
2. Copy of receipt or contract is required if you operate from a private, not federal, post office (PO) box.
3. An inspection of your premises may be required. If you need to make a special arrangement with the inspector, please call 954-630-4350.
4. The building in which your new business is located must be up to the standards of the Florida Building Code. Also, you MUST have a least one (1) certified, five pound, fully charged fire extinguisher, Type A-B-C, on the premises. The Fire Marshal recommends extinguishers labeled 2A20BC.
5. Address numbers at least ten (10) inches high shall be provided.
6. All non-conforming signs must be removed or the matter will be turned over to code enforcement division for legal action. Section 24-152(A)(1), Oakland Park Land Development Code, requires removal of all non-conforming signs upon the change of business ownership and business name. Section 24-152(A)(2), Oakland Park Land Development Code, requires removal of all non-conforming signs upon the change of business use.
7. Permits must be obtained prior to an installation of any signs. Signs require a permit.
8. Your Business Tax Receipt will be mailed to you after your place of business has been approved by the Engineering and Community Development Department.
9. You must also obtain a Broward County Business Tax Receipt at Broward County Government Center, 115 S Andrews Avenue, Fort Lauderdale, Florida, 33301, Telephone: 954-831-4000.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

Applicant's Signature

Date

Print / Type Applicants Name

Business Name

BUSINESS TAX RECEIPT CHECKLIST

PROHIBITED ADDRESSES (these are self-storage only):

Burlington Self Storage - 3001 N. Dixie Highway

Floranada Warehouse 1100 NE 45th St. (Prohibited Except for Private P.O. Box Rentals)

Shurgard - 1650 W. Oakland Park Blvd.

Space Plus - 4950 N. Dixie Highway

- Copy of Florida Driver's License or Florida ID.
- Copy of Social Security Card or Federal Employer ID number (FEIN).
- Certified copy of Florida Articles of Inc. such as: Inc., P.A., L.L.C., etc., or On-Line State approval when applicable.
- Certified copy of Florida Fictitious Name Filing or On-Line State approval when applicable.
- Any and all other city, county, state licenses/certificates that may be required. (5013C exemption doc if applicable)
-
- Hobby use** - Affidavit signed with no license fee when applicable.
- Transfers of business location, name change and change of ownership are the only items that are charged the 10% Transfer fee - \$25.00 MAXIMUM FEE. The **ORIGINAL** Business Tax Receipt must be returned.

SPECIAL REQUIREMENTS BY BUSINESS TYPE

- Auto Body and Auto Repair:** A.S.E. Certificate, Broward County Consumer Affairs and State of Florida registration.
- Motorcycle Repair:** Copy of State of Florida Registration.
- Auto Sales:** Copy of State Dept. of Motor Vehicles license
- Contractors:** Copy of State License or Broward County Certificate of Competency. Proof of Insurance - (note: a cabinet maker is not under contractor code, but an installer is.)
- Head Shop:** Distance separation of 1,500 ft. from other Head Shops and 750 ft. from public/private elementary, middle or secondary school, places of worship, child daycare, and hospitals.
- Liquor Store:** Distance separation of 1,500 ft.
- Motor Truck Yards/Depot, Roofing Contractors, Auto Wash/Detail, Awnings, Dry Cleaning, Crematory, Light Fabricating, Furniture Manufacturing & Repair and Lumbervards:** Distance separation of 200 ft. from any point of Residential use or zoning.
- Pawn Shop:** Distance separation of 1,500 ft. from other pawn shops and schools. Coty of State required Secondhand Dealer's License.
- Payday Loans:** Distance separation of 1,500 ft.
- Pest Control:** Copy of State License
- Professionals:** Copy of State/Specialty License (Doctors, Attorneys, Massage Therapist, Cosmetologist, Accountants, Engineers). Massage Therapists must be state-licensed to operate in Oakland Park.
- Psychic:** Contact Community Development for requirements. (\$100 background check fee applies).
- Restaurants:** License and Inspection Report (Div of Hotels & Rest.), Florida Food Managers Certificate and State Alcohol Beverage License if applicable.
- Grocery, Deli, Coffee Shops & Gas Stations :** Annual Food Permit and Inspection Report from Dept of Agriculture and Consumer Services. (needed if connected to another business other than food service). Food Manager Certificate and State Alcohol Beverage License, if applicable.
- Tattoo & Body Piercing:** Physician letter per state statue and State Dept of Health Biomedical Waste Inspection Report. Distance separation of 1,500 ft. from other tattoo/body piercing studios.
- Telemarketing:** Copy of Registration from Department of Agriculture and Consumer Services.
- Travel Agency/Sellers of** Copy of Registration from the Department of Agriculture and Consumer Services.

Date

Business Name

Signature of Applicant