



Community Development - Code Enforcement Division - Business Tax Office
1607 NW 136 Ave., Bldg. B Sunrise, FL 33323 P: 954.572.2352 F: 954.838.7653

"Any person and/or company who maintains a permanent business location or branch office within the City of Sunrise for the privilege of engaging in or managing any business, profession or occupation is required to obtain a business tax receipt." Article II, Section 7-27 (1)(2)

BUSINESS TAX RECEIPT REQUIREMENTS

OWNER OR AUTHORIZED AGENT MUST APPLY IN PERSON ♦ PAYMENT IS BY CHECK OR MONEY ORDER

Office Hours: Monday through Friday, 8:00 a.m. to 3:00 p.m. Information is also available at www.sunrisefl.gov.

BILL OF SALE FOR TRANSFER OF OWNERSHIP

CERTIFICATE OF INSURANCE

- The business name and address in Sunrise must be listed on the certificate. For notification purposes list the City of Sunrise 1607 NW 136 Ave Bldg B Sunrise, FL 33323 as the Certificate Holder. The minimum coverage required is bodily injury liability (\$50,000 for (1) person, and \$100,000 for more than one (1) person in any one (1) accident), and property damage liability (\$5,000 for any one (1) accident, including damage to any public rights-of-way and shrubbery). *(An insurance certificate is not required for a Home or Post Office Box Business Tax Receipt.)*

FIRE INSPECTION

- After you set up your facility, prior to opening, call for a "Business Tax Receipt" fire inspection, applies to new & transferred businesses. Includes shared space w/Regus and Office Edge Offices (954) 746-3470

CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION

- Applicants seeking to operate a business from a building constructed within the last twelve months, or with permitted improvements, must produce a copy of the Certificate of Occupancy or Certificate of Completion. Contact the Sunrise Building Department: 1607 NW 136 Ave Bldg B Sunrise, FL 33323. (954) 572-2354

COPY OF OWNER'S OR APPLICANT'S DRIVER'S LICENSE

HOME BUSINESS TAX RECEIPT

- Copy of applicant's driver's license. The address on the driver's license must match your City of Sunrise address. If not, you can provide the original electric or water bill in your name with the Sunrise address.
- Name and address of the homeowner if different than the applicant.
- Legal description of property where home occupation is to be conducted.
- Free hand drawing of room including square footage to be utilized in the conduct of the home occupation.
- Nature/type of business to be conducted. If a state or county license is required, a copy of the license must be submitted.
- A signed notarized statement completed by the applicant certifying compliance with the requirements of this section and granting city inspectors the right to enter into the house to inspect the premises when there is probable cause to believe a violation of this section exists.

POST OFFICE BOX BUSINESS TAX RECEIPT

- Post Office Box rentals in Sunrise may be used as a business mailing address. A copy of your rental service contract and original receipt is required. *(This does not apply to a post office box at a federal postal location.)*

CONTRACTORS

- Copy of Broward County license or Building Code Services Division, Certificate of Competency, 955 South Federal Hwy, Room 418, Ft. Lauderdale, FL 33316. (954) 765-4400
- Copy of State of Florida Department of Business and Professional Regulation license and/or certificate. (850) 487-1395

PROOF OF CORPORATE AND FICTITIOUS NAME FILING W/STATE OF FLORIDA www.sunbiz.org

BUSINESS or PROFESSIONAL LICENSES

- Copy of State of Florida license or Broward County certification and/or registration. For information call the State Customer Contact Center. (850) 487-1395 or www.myfloridalicense.com/dbpr/index.html.

RESTAURANTS & FOOD ESTABLISHMENTS

- Department of Business & Professional Regulation annual Hotel & Restaurant License. (850) 487-1395
- Department of Agriculture and Consumer Services annual food permit to operate a bakery, grocery store, or retail food outlet. (800) 435-7352 www.doacs.state.fl.us/fs/index.html.
- Grease Trap permit. All bakeries, pastry shops, and restaurants, new or transferred licenses, must obtain a permit from the Sunrise Building Department. (954) 572-2354
- Florida State License from the Department of Business and Professional Regulation, Division of Alcoholic Beverages & Tobacco, 5080 Coconut Creek Pkwy, Margate, FL 33063. (954) 917-1350

ADDITIONAL APPROVAL REQUIRED

- Beauty Shops and Nail Salons must receive approval from the Building Department prior to applying for the Business Tax Receipt. (954) 572-2354
- Department of Agriculture & Consumer Services registration certificate for: Bakeries, Ballroom Dance Studios, Delis, Health Studios, Meat and Produce Markets, Motor Vehicle Repair Shops, Sellers of Travel, Telemarketing Businesses. (800) 435-7352

HOME DAY CARE

- Family Child Care Home License from the Child Care Licensing and Enforcement Dept., 2995 N Dixie Hwy, Ft. Lauderdale, FL 33334. (954) 537-2800
- Fire Inspection and Liability Insurance Certificate

ACLF (Adult Care Living Facility), COMMUNITY RESIDENTIAL HOMES and GROUP HOMES

- Assisted Living Facility Certificate from the Department of Children and Family Services. (850) 448-1234
- Cooking on the premises require a Broward County Health Department Permit to Operate. (954) 467-4700
- Fire Inspection and Liability Insurance Certificate

RESIDENTIAL TREATMENT FACILITY

- Contact the Sunrise Planning and Development Department at 1607 NW 136 Avenue, Building A (954) 746-3270

PLACES OF WORSHIP/PUBLIC ASSEMBLY

- Contact the Sunrise Planning and Development Department. (954) 746-3270
- Fire Inspection Report, Certificate of Liability Insurance and 501C3 exemption

MISCELLANEOUS INFORMATION

- **STATE SALES TAX NUMBER** may be obtained at 3111 N. University Dr., #501, Coral Springs, FL 33065. (954) 346-3000 or www.myflorida.com/dor.
- **FEDERAL IDENTIFICATION NUMBER:** IRS requires if your business is: (1) State Corporation, (2) Sole Proprietor with employees, Keogh plan, excise tax. (800) 829-3676. Forms and CD-ROMs available at www.irs.gov.

**ALL BUSINESSES MUST OBTAIN A
BROWARD COUNTY BUSINESS TAX RECEIPT
115 S. Andrews Avenue, Ft. Lauderdale, FL 33301 – (954) 831-4000
www.broward.org/revenue**



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BUSINESS TAX RECEIPT APPLICATION

****** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED ******

TYPE: NEW BUSINESS HOME-BASED BUSINESS POSTAL BOX ADDRESS CHANGE NAME CHANGE TRANSFER CLASSIFICATION CHANGE

DATE BUSINESS STARTED IN SUNRISE: _____ DATE OF APPLICATION: _____

CORPORATION NAME: _____

FICTITIOUS NAME OR NAME OF LICENSED PROFESSIONAL (IF APPLICABLE) _____

BUSINESS ADDRESS _____ CITY/STATE/ZIP + 4 CODE _____

BUSINESS PHONE NUMBER _____ TAX ID NUMBER _____

MAILING ADDRESS _____ CITY/STATE/ZIP + 4 CODE _____

OWNER/APPLICANT NAME _____ DRIVER'S LIC. NO. _____ BIRTHDATE _____

OWNER/APPLICANT HOME ADDRESS _____ CITY/STATE/ZIP CODE _____

HOME PHONE NUMBER _____ EMAIL ADDRESS _____

FULLY DESCRIBE EXACT NATURE OF BUSINESS (INCLUDING A COMPLETE LIST OF SERVICES PROVIDED):

EATING ESTABLISHMENTS ONLY:

SEATING CAPACITY: _____ WILL THERE BE LIVE OR MECHANICAL MUSIC? Yes No IF YES, WHAT TYPE? _____

ALCOHOLIC BEVERAGES? Yes No TAKE OUT SERVICE? Yes No DELIVERY SERVICE? Yes No RETAIL SALES? Yes No

GASOLINE SERVICE STATIONS ONLY:

NUMBER OF NOZZELS: _____ IS THERE A REPAIR SHOP? Yes No IF YES, HAS PLANNING APPROVAL BEEN GRANTED? Yes No

CAR WASH? Yes No CONVENIENCE STORE? Yes No ALCHOLIC BEVERAGE SALES? Yes No TOBACCO SALES? Yes No

ALL BUSINESSES:

RETAIL SALES? Yes No IF YES, PROVIDE YEARLY INVENTORY OF GOODS AT YOUR COST: \$ _____ (MUST COMPLETE AFFIDAVIT)

WHOLESALE? Yes No IF YES, PROVIDE YEARLY INVENTORY OF GOODS AT YOUR COST: \$ _____ (MUST COMPLETE AFFIDAVIT)

VIDEO GAMES? Yes No IF YES, HOW MANY? _____ BILLIARD TABLES? Yes No IF YES, HOW MANY? _____

VENDING MACHINES? Yes No IF YES, HOW MANY? _____ COST OF GOODS IN VENDING MACHINES? Less Than \$1? More Than \$1?

DAILY HOURS OF OPERATION: _____ NUMBER OF EMPLOYEES: _____ FULL-TIME _____ PART-TIME

I swear or affirm the information given on and with this application is true to the best of my knowledge and belief. I am authorized to act and bind the firm in all manners connected with the business.

Applicant Signature: _____ Printed Name: _____ Title _____

OFFICIAL USE ONLY:

FIRE FEE CODE _____ CONTROL # _____ LICENSE # _____

SHARED SPACE (IF CHECKED, THEN NAME OF OTHER BUSINESS): _____



CORPORATION, LLC, LP, FICTITIOUS NAME FILING

- The Business is Incorporated, Limited Liability Company, Limited Partnership, **copy of document attached**
- I have registered my Business with the Secretary of State of Florida under the Fictitious Name Act, (Sec. 205.023). As a prerequisite to receiving a Local Business Tax Receipt or transferring a business license the applicant or new owner must present to the city a copy of the fictitious name filing, **copy of document attached**
- I am not using a Fictitious Name for my business, **thus, documentation is not required**
- The Business Name is a registered trademark, **copy of document attached**
- Federally Chartered Bank, **copy of document attached**
- I am doing business under my legal name, first/last name required, **thus, document is not required**
- Other:

Signature: _____ Date: _____

Print name: _____

Corporate business name: _____

Fictitious business name _____

Federal I.D. Number: _____



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Signature: _____ Date: _____

Print name: _____

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Fictitious business name _____

Federal I.D. Number: _____



MERCHANT'S AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____
Who being duly sworn states the following: *(Print Name of Applicant)*

- 1) Name of Business: _____
- 2) That He/She is the: _____
(President, Owner, Agent, Director, Etc.)

Of the above described business and makes the Affidavit of His/Her personal knowledge.

- 3) That the retail and/or wholesale value of inventory of this business is not greater than:
\$ _____

Signature: _____ Date: ____/____/____

SWORN TO AND SUBSCRIBED before me this _____

Day of _____, 20____, at Sunrise,
Broward County, Florida.

NOTARY PUBLIC - STATE OF FLORIDA AT - LARGE

My Commission Expires:

- Personally Known
- Produced I.D.
- Type of I. D. Produced: _____



REQUIREMENTS FOR A BUSINESS TAX RECEIPT FIRE INSPECTION

- 1. Business must be set up as if ready to open.**
- 2. Required fire extinguisher(s) tagged by a fire extinguisher company:
Minimum size: 2A10BC
One fire extinguisher for every 2,500 square feet.
One fire extinguisher for every 50 feet of travel distance (for every exit/entrance).**
- 3. If you have illuminated exit/emergency lights, they must be working normally and on battery backup.**
- 4. Address should be on all doors.**
- 5. There should be four to five feet of aisle space minimum to all egress doors.**
- 6. Carpet "specs" indicating the "radiant flux" or "class" per the National Fire Protection Association (NFPA 253). This is required for new carpeting only.**
- 7. Other requirements may be necessary based on occupancy type.**

Please call (954) 746-3470 with any questions or to arrange a fire inspection appointment.