



TOWN OF DAVIE
BUSINESS TAX RECEIPT

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1212 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

**BUSINESS TAX RECEIPT
CHECKLIST FOR SUBMITTALS
COMMERCIAL/INDUSTRIAL**

The following information is required in order for your application to be submitted for review. Items A-E are required for all businesses.

- A. Completed applications signed and dated. Business Tax Receipt Inspection form must be Notarized.
 - B. In a letter, describe type of business in detail signed by an owner or officer.
 - C. A legible floor plan of the space with dimensions of offices, bathrooms, kitchen etc. Include your business name and address on the floor plan. This floor plan can be drawn by the business applicant. Also on the floor plan, show the names of the businesses and addresses on each side of you.
 - D. Important: What type of business was in this location before you? If you do not know, ask your landlord.
 - E. Copies of Fictitious Name Registration /Corporate Articles for the State of Florida. (sunbiz.org)
 - F. Additional Documents (IF APPICABLE):
 - *Copy of State license
 - *Contractors: Copy of Certification and Copy of Liability Insurance/ Workman's Compensation with Town of Davie as certificate holder.
 - *Alcoholic Beverage License
 - *Bill of Sale (If ownership changed)
 - G. Affidavit of inventory is required only if your business is retail/wholesale.
 - H. Payment is Check or Cash only. No large bills
- If paying by check, you will need Two separate checks made out to the Town of Davie. No credit cards are accepted

All paperwork must be legible. All paperwork must be presented at time of submittal. During the review of this application, additional information may be requested to approve your Business Tax Receipt. This will be done in a timely manner. Any additional questions call 954-797-1212.



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INSTRUCTIONS: For each Business Name/Location in the Town of Davie, please complete an application. Once completed, return the application to the Business Tax Receipt Division located at Town Hall, Bldg. C.

APPLICANTS: COMPLETE FRONT PAGE ONLY. MUST BE LEGIBLE

BUSINESS NAME: _____

CORPORATION NAME: _____

SHOPPING CENTER/WAREHOUSE NAME: _____

BUSINESS STREET ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE: _____ **CELL:** _____

DESCRIBE TYPE OF BUSINESS: _____

BUSINESS IS: Corporation _____ Sole Proprietor _____ Partnership _____ LLC _____

Owner/Officer(s)	Home address	City/Zip	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Federal ID Number _____ **or Social Security Number** _____

Square Footage of Business At This Location: _____ **Office** _____ **Warehouse** _____

Number of Full-Time Employees At This Location _____ **Part-Time Employees** _____

What Was Previous Use of Business Location _____

Industrial/Manufacturing Areas: Is your wastewater system Septic _____ Sewer _____

I understand that this is an application for a Business Tax Receipt in the Town of Davie and I may not conduct any business at this location until I have received the Business Tax itself. I further understand that this license, upon receipt, is valid until September 30, _____ and must be renewed before each October 1st. _____
Initial

Print Owner or Officers Name and Title

Signature of Owner or Officer



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Business Tax Receipt Inspection

Permit _____

Loc ID _____

() Building () Plumbing () Mechanical () Electrical () Fire
() Fire only

(Plaza/ Building Leasing Information)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Business Name _____ Phone _____

Business Address _____ Bay/Suite _____

Square Footage _____

Business Owner _____ Phone _____

Home Address _____

City _____ State _____ Zip _____

Owners Affidavit: I certify that all the foregoing information is accurate and that any work will be done with proper permitting and in compliance with applicable laws regulating construction and zoning. Failure to obtain Business Tax Receipt within 30 days of final inspections or before opening the business may result in additional penalties being imposed upon the undersigned.

_____ Initial

NO APPOINTMENTS CAN BE MADE FOR INSPECTIONS. SOMEONE MUST BE AT BUSINESS LOCATION BETWEEN 8:00 AM- 3:00 PM.

Print Business Owner Name

Business Owner Signature

Sworn to and subscribed before to me by _____

Who is personally known to me or produced _____

as identification, this _____ day of _____ 20____.

Notary's Signature _____

Printed Name of Notary _____



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AFFIDAVIT OF INVENTORY

Per Town of Davie Ordinance 2008-25, **any retail /wholesale business** must fill out an inventory of merchandise. Please complete the affidavit and return to the Town of Davie Business Tax Receipt Division along with applicable tax fee. Should you have any questions contact us at (954) 797-1212.

Business Name: _____

Business Address: _____

Check On	Inventory Value	Fee
_____	Inventory value up to \$100,000	\$134.01
_____	Inventory from \$100,001 to \$200,000	\$227.81
_____	Inventory from \$200,001 to \$300,000	\$294.82
_____	each add'l \$10,000 over \$300,001	\$ 33.50 + 294.82

Inventory amount _____

Signature of Owner/ Officer and Title

Date



DAVIE POLICE DEPARTMENT

1230 S. Nob Hill Road
Davie, Florida 33324
(Telephone) 954-693-8200
(Fax) 954-693-8208



BUSINESS UPDATE SURVEY CONFIDENTIAL INFORMATION

(Emergency information for use by The Town of Davie Police Department)

BUSINESS NAME: _____ DATE: _____

LOCATION: _____ HOURS _____
(Include Suite, Apartment, Bay and/or Building Number)

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS TYPE: _____

EMERGENCY CONTACTS

1. _____
 Name _____ Title _____
 Home Address _____ Home Phone _____
 Mobile Phone _____ Pager _____ Work Phone _____

2. _____
 Name _____ Title _____
 Home Address _____ Home Phone _____
 Mobile Phone _____ Pager _____ Work Phone _____

3. _____
 Name _____ Title _____
 Home Address _____ Home Phone _____
 Mobile Phone _____ Pager _____ Work Phone _____

PREMISE INFORMATION

SECURITY DOG YES NO HAZARDOUS MATERIAL YES NO TYPE _____

LIGHTS ON AT NIGHT YES NO LOCATION _____

ALARM YES NO ALARM CO. NAME _____ PHONE _____

PLEASE RETURN THIS FORM WITH YOUR BUSINESS TAX RECEIPT APPLICATION

Dear Prospective Town of Davie Business Owner:
EACH BUSINESS MUST OBTAIN A BUSINESS TAX RECEIPT BEFORE OPENING A BUSINESS

This Document has been prepared to assist you in completing your Business Tax Receipt application.

- The Business Tax application must be signed by the owner or officer the corporation.
- The Tax fee must be paid. Fees are not refundable.
- The zoning of your property must be checked to determine if your proposed business is a permitted use for the location.
- The Building Division must determine that your place of business meets the necessary building codes.
- Inspection of the premises must be conducted by a Town Inspectors to ensure all applicable codes are met.

SIGNS

A permit is required prior to the placement of all signs, both permanent and temporary. The Planning and Zoning Division will assist you with signage regulations. The Town may issue a 30-day permit for banners or pennants when used for grand openings or special events.

It is prohibited to erect, locate, or maintain any sign, including, but not limited to: all flashing, fluttering or otherwise moving signs; posting, advertising or writings; trailer signs; arrows; signs attached to any structure, pole, or tree; signs or banners; any signs and writing upon a vehicle; and any sign located within a public right-of-way except as otherwise provided by the Town's sign ordinance.

BUSINESS CODES

A. OUTSIDE OF BUILDING

1. No obstructions to exit doors and paths.
2. Yard area must be clear of debris and other obstructions.
3. Rubbish or trash must be stored properly.
4. After construction, you must have regularly scheduled garbage pick-up service.
5. Outside storage of flammable materials must be protected by post, walls, fences, etc.; must be labeled as to contents and must be labeled with name of the LP gas company.
6. Fire Control Systems must be operational and free from obstructions.
7. Meter rooms must be posted with a sign: "Meter Room—No Storage Permitted".

B. PATH OF EGRESS

1. Aisles must be clear of obstructions.
2. Automatic closing doors must be in operating order and must be kept in their "closed" position.
3. Doors must swing in direction of exit travel.
4. Exit doors must be equipped with nothing more restrictive than "quick release" hardware when building is occupied.
5. Fire escapes and stairways must be clear of obstructions.
6. In stairwells with self-closing doors. The doors must be in the "closed" position.
7. Each required exit must be visibly identified with lettering not less than 6 inches high.
8. All exits signs must be illuminated by reliable light source (battery operated emergency lighting).
9. Exit discharges and vestibules must be kept clear.

C. ELECTRICAL (954-797-1160)

1. No defective electrical equipment or wiring shall be in use.
2. Wiring must be adequate for use and not overloaded.
3. In most cases, appliance cords cannot exceed six feet.
4. Splices and ties in wiring must be in approved junction boxes.
5. Breaker and fuse boxes must be kept closed and easily accessible.
6. **Ladder required to access ceiling.**

D. STRUCTURAL (954-797-1125)

1. There shall be no holes or gaps in the walls between tenants.
2. Ceiling tiles must be in place.
3. Highly combustible material shall not be used for interior finish.
4. Building must be in good state of repair.
5. Heat producing and ventilation equipment and the area around them must be kept clean.
6. Fire sprinkler systems must be operational.

E. INTERIOR CLEANLINESS

1. Storage of more than 20 gallons of open flammable materials is prohibited unless stored in an approved metal cabinet.
2. "No smoking" signs must be installed in areas where flammable material is stored or used.
3. Bottled gas cylinders must be chained in the upright position.

F. FIRE EXTINGUISHERS

1. The minimum extinguisher size is 2A-10BC. Extinguishers purchased must have a service tag by a fire equipment company.
2. There shall be at least one extinguisher.
3. There should be extinguisher for every 2400 square feet or one not less than every 75 feet apart.
4. Extinguishers must be mounted less than 5 feet from the floor, bin in clear view, and be accessible.
5. Extinguishers must be inspected annually by an approved fire equipment company and must have a certification tag. They must always be in operating condition.

G. COMMERCIAL COOKING EQUIPMENT

1. Gas appliances shall have an AGA seal.
2. An in-line gas shut-off is required and shall be accessible.
3. A Ventilating hood must be installed over all cooking surfaces and must be equipped with a fire extinguishers system.
4. A hood must be vented to the outside and insulated from combustible construction. Filters must be clean.

H. PLUMBING (954-797-1141)

1. Bathroom ADA compliant.
2. Water Closet 18" off the wall with 36" opening.
3. Open front seat 17" to 19" off floor.
4. Flush handle on the wide side of the water closet.
5. Grab bars installed at 33" to 36" max off floor.
6. Lavatories no higher than 34" to rim off floor.
7. Faucets shall be lever-operated, push type and electronically controlled mechanisms.
8. Clear floor space 30" by 48" in front of lavatory and under lavatory for wheelchair access. (no cabinet)
9. Trap and pipes shall be insulated or configured to protect against contact.
10. Floor drain trap primer working.
11. Back flow device current test or installed (Check with landlord)
12. Vacuum breaker installed on all hose bibs.
13. Air lines run in metal pipe, PVC not permitted for air lines.
14. Drinking fountain if required.
15. Mop sink if required with hot water.
16. Urinals if installed 17" to rim maximum, minimum of 36" opening.

If the Town can be of further assistance, please check our website at www.davie-fl.gov or additional departments below:

Information	954-797-1000
Business Tax Receipt	954-797-1212
Zoning	954-797-1103
Building	954-797-1111
Fire Prevention	954-797-1229
Utilities	954-797-1065