



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/ADDITION

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:

BAR SEATING: _____ RESTAURANT SEATING: _____ 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 ALCOHOLIC 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): _____