

City of Fort Lauderdale  
100 N Andrews Ave  
1<sup>st</sup> Floor  
Fort Lauderdale, Florida 33301  
(954) 828-5195

**BUSINESS TAX APPLICATION  
FOR STATE LICENSED PROFESSIONALS**

**Business ID#** \_\_\_\_\_  
**Business #** \_\_\_\_\_

**OFFICE USE ONLY ABOVE THIS LINE**

Date \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Zip Code \_\_\_\_\_

City and State \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License # and State Issued (**Attach copy of DL**) \_\_\_\_\_

Federal Tax # \_\_\_\_\_ Type of Business or Profession \_\_\_\_\_

Type of /Services/Businesses Offered (in sufficient detail to enable the City to determine the proposed activity does not violate any Ordinance or Statute) \_\_\_\_\_

Indicate number of employees \_\_\_\_\_.

**Attach copy of the following if applicable:**

State License # \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate of Competency # \_\_\_\_\_ Type \_\_\_\_\_

Federal License # \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is this business a relocation to Fort Lauderdale? Yes ( ) No ( ) If Yes, please list the previous location(s) regarding this business \_\_\_\_\_

I hereby declare that all information provided in this application is true and correct and further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any licenses or permits issued by the City of Fort Lauderdale which were based upon information provided in this application. I further understand that if there are any subsequent changes in the operation of my business as stated above, that I will agree to file the necessary application and seek prior approval from the City of Fort Lauderdale for any such changes. Failure to obtain the necessary approval will result in the loss of any licenses or permits issued by the City of Fort Lauderdale that were based on this application.

Applicant Signature \_\_\_\_\_

Print Name

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_, of \_\_\_\_\_ a \_\_\_\_\_, Who are  personally known to me or  have produced \_\_\_\_\_ as identification.  
(SEAL)

Notary Public, State of Florida (Signature  
of Notary taking Acknowledgment)

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_