

City of Fort Lauderdale
100 N Andrews Ave
1st 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: _____