

Business ID# _____

Please complete and return to:
Business Tax Office
City of Fort Lauderdale 100 N
Andrews Ave,
Ft. Lauderdale, FL 33301
(954) 828-5195
businessstax@fortlauderdale.gov

Property Address _____

City, State, Zip Code _____

Email and Phone _____

Apartment/Motel/Hotel/Lodging/Social Service Facility (answer below)

1. Do you offer living accommodations to: (circle one) General Public/Special Group

a. How many units? _____

(Circle one) Apartment/Motel/Hotel/Lodging or Housing Units

b. How many residents per unit? _____

c. How many residents per bedroom? _____

2. What is the minimum length of stay? _____

3. What is the maximum length of stay? _____

4. Do you offer any provisions for food, transportation, hygiene care, on or off-premise counseling, or similar personal or therapeutic care? Y / N

a. If yes, explain: _____

5. Will there be 24-hour on site staff? Y / N

a. If yes, how many on site staff? _____

6. Do you dispense medications (whether prescribed by your business or not)? Y / N

7. Do you have on-site medical personnel? Y/N

8. Do you have medical personnel visit your establishment? Y / N

9. Will there be coin-operated laundry facilities (washers & dryers)? Y /N

a. How many of each? Washers _____ Dryers _____