



**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): \_\_\_\_\_