



**City of Pompano Beach**  
 Department of Development Services  
 Business Tax Receipt Division

License Year \_\_\_\_\_

100 W. Atlantic Blvd Pompano Beach, FL 33060  
**Phone:** 954.786.4668 / 954.786.4633 **Fax:** 954.786.4666

**Application for Business Tax Receipt**

**(PART 2 OF 2 – Applicant must first receive approval of a Zoning Use Certificate)**

Name of Business \_\_\_\_\_ Date \_\_\_\_\_

Address of Business \_\_\_\_\_ Zip \_\_\_\_\_

Date business opened at this location \_\_\_\_\_ Number of Employees \_\_\_\_\_ Square Feet Occupied \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal ID # \_\_\_\_\_ **OR** Social Security Number XXX-XX-\_\_\_\_\_ Sales Tax # \_\_\_\_\_

Bus. Phone # \_\_\_\_\_ Bus. Fax # \_\_\_\_\_ Web Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Corp. Name \_\_\_\_\_ Address. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Ownership Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor ☐

**Describe any and all conduct or activity of the business** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Giving false information on this application is unlawful and may result in prosecution, suspension or revocation of your Business Tax Receipt.*

\_\_\_\_\_(Print) **X** \_\_\_\_\_

**Owner, Partner, or Corporate Officer's Name** **Owner, Partner, or Corporate Officer's Signature**

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)						
Transfer of:	Name	Ownership	Address	New	Inventory Increase	Category change
Transferred Account Number:			Transferred License No.			
Zoning District:		Paid by: Cash	Check No. _____		Date Paid:	Receipt No.:
The above described business has been determined to be		in compliance with use requirements of the district in which the activity is proposed to be located.				
		<b>not</b> in conformance with the use requirements of the district in which the activity is proposed to be located.				
Category:					Account Number:	
Ord. No.:						
Zoning Fee:					Zoning Official:	
Administrative Fee:						
Penalty Fee:					Business Tax Receipt Official:	
Business Tax Fee:						
Transfer Fee:					<b>Total \$:</b>	Date Issued:
<b>Sub Total:</b>						