



Part 1 of 2

Department of Development Services
RETURN TO: BUSINESS TAX RECEIPT DIVISION

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

Zoning Use Certificate
 \$30.00 Processing Fee

- ✓ All information must be provided and must be legible.
- ✓ Lying or misrepresentation in the application can lead to revocation. (155.8402.B. *Revocation of Approval*)
- ✓ Part 2 is applying and paying for the Business Tax Receipt
- ✓ Zoning Use Certificate approval expires in 60 days, after which you must re-apply and pay a new fee.

Does this business include any of the following? <i>Circle Yes or No for each.</i>	Sales of Liquor, Beer, or Wine	Yes	No	Restaurant	Yes	No
	Sales of New Merchandise or Cars	Yes	No	Place of Worship	Yes	No
	Sales of Used Merchandise or Cars	Yes	No	Child Care	Yes	No
	Manufacturing	Yes	No	Home Based Business	Yes	No
	Outdoor Use (Storage, Display, Seating, Play Area, etc...)	Yes	No	Sexually Oriented Business	Yes	No

Provide a detailed description of the business, include a description of the type of services provided or the products to be sold or manufactured.	
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Number of Employees		Square Feet occupied		Sharing Space with another Business?	
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Applicant Information		Business Information	
Print Name and Title		Name of Business	
Street Address		Street Address	
Mailing Address City/ State/ Zip		Mailing Address City/ State/ Zip	
Phone Number		Phone Number	
Fax Number		Fax Number	
Email		Email	
Signature			Date

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)

Zoning District:	Paid by: Cash Check No. _____ (non-refundable)	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.		
	<u>not</u> in conformance with the use requirements of the district in which the activity is proposed to be located.		
Comments:			
Reviewed by:	Approved: Denied:	Date:	Date Applicant Notified:



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

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Affidavit: Outdoor Activity and/or
Outdoor Storage Restriction

State of Florida}
County of Broward}

Name of Owner (Print Name)

Name of business (Print Name)

Business Location (Street Address)

Pompano Beach, FL (Zip Code)

There will be NO outside business activities or outdoor storage at the above referenced property.

BEFORE ME, the undersigned authority, personally appeared (PRINT NAME)
who after being duly sworn, deposes and says: That I am the person whose signature appears below,
and that the information I have provided above in this document is true and correct.

Signature:

SWORN TO AND SUBSCRIBED before me this
day of 20, in Pompano Beach, Broward County, Florida.

Notary Public
Seal of Office

Notary Public, State of Florida

(Print Name of Notary Public)
Personally Known

Produced Identification

Type of identification produced: