

## Part 1 of 2

## Department of Development Services <u>RETURN TO</u>: BUSINESS TAX RECEIPT DIVISION

✓ All information must be provided and must be legible.   ✓ Part 2 is applying and paying for the Business Tax Receipt     ✓ Lying or misrepresentation in the application can lead   ✓ Part 2 is applying and paying for the Business Tax Receipt     Does this business include any of the following?   Sales of Liguo, Beer, or Wine   Yes No     Sales of New Merchandise or Cars   Yes No   Place of Worship   Yes No     Oricle Yes or No for outside and the distribution of the business.   Manufacturing   Yes No   Place of Worship   Yes No     Outdoor Use (Storage, Display, Seating, Play Area, etc)   Yes No   Restaurant   Yes No     of services provide a detailed description of the business, include a description of the type of carmation   Business, Include a description of the type of carmation   Security Oriented Business Yes   No     Number of Employees   Square Feet   Sharing Space with another Business Information   Security Oriented Business   Yes No     Mainling Address City / State/ Zip   Mainling Address City / State/ Zip   Mainling Address Linformation supplied on this application shall be complied with whether specified or und and all information supplied on this application shall be complied with whether specified or und and all information supplied on this application shall be complied with whether specified or und and all information supplied on this application shall be complied with whether specified or und and all information supplied on this	100 W. Atlantic Blvd Pompano Beach, FL 33060   Zoning Use Certificate     Phone: 954.786.4668 or 954.786.4633   Fax: 954.786.4666   \$30.00 Processing Fee													
to revocation. (155.8402.B. Revocation of Approval)   which you must re-apply and pay a new fee.     Does this business include any of the following?   Sales of Liquor, Beer, or Wine   Yes. No Sales of Liquor, Beer, or Wine   Yes. No Child Care   Restaurant   Yes. No Child Care   Restaurant   Yes. No Child Care   Restaurant   Yes. No Child Care   Yes. No Secually Oriented Business   Yes. No Secually Oriented Business   Yes. No     Provide a detailed description of the type of services provide or run manufactured.   Square Feet   Sharing Space with another Business.   Yes. No     Number of Employees   Square Feet   Street Address   Street Address   Street Address     Street Address   Street Address   Street Address   Street   Yes. No     Phone Number   Phone Number   Number   Date   Date     For Staff USE ONLY   (Do NOT WRITE BELOW THIS LINE)   Receipt No.: (non-refundable)   Receipt No.: (non-refundable)     The undersigned does understand that all City of Pompano Beach Ordinances shall be complied with whether specified or not and all information supplied on this application shall become public record. If the business involves a use other than r	✓ All information must be provided and must be legible. ✓ Part 2 is applying and paying for the Business Tax Receipt													
Include any of the following?   Sales of Used Marchandise or Cars   Yes No     Circle Yes or No for each.   Marchandise or Cars   Yes No     Outdoor Use (Storage, Display, Seating, Play Area, etc)   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.   Marchandise or Cars   Yes No     Number of Employees   Square Feet occupied   Sharing Space with another Business ?   Yes No     Applicant Information   Business Information   Fusiness Information     Print Name and Title   Name of Business   Street Address     Street Address   Street Address   Street Address     Mumber of Email   Email   Email     Mailing Address City/ State/ Zip   Mailing Address City/ State/ Zip   Date     Final   Email   Email   Email     The undersigned does understand that all City of Pompano Beach Ordinances shall be complied with whether specified or not and all information supplied on this application shall become public record. If the business involves a use other than retail, wholesale or manufacturing, a floor plan and site plan are required.   Date     Signature   Paid Dis Cash Check No. (non-refundable)   Date Paid: Paid No: (non-refundable)   Receipt No.: (non-refundable)														
following?   Sales of Used Merchandise or Cars   Yes   No     Circle Yes or No for   Manufacturing   Yes   No     Provide a detailed description of the business, include a detailed description of the type of services provided or inanufactured.   Sales of Used Merchandise or Cars   Yes   No     Number of services provided or the type of services provided or inanufactured.   Square Feet occupied   Sharing Space with another Business Information   Security Oriented Business   Security Oriented Business     Number of services provided or the type occupied   Starter Feet occupied   Starter Star	include any of the following?		Sales of	of Liquor, B	Yes No Restau				aurant		Yes	No		
Sales of Used Merchandise or Cars     Yes     No       Circle Yes or No for each.     Manufacturing     Yes     No       Provide a detailed description of the business, include a description of the type of services provided or the products to be sold     Sales of Used Merchandise or Cars     Yes     No       Number of employees     Square Feet occupied     Square Feet occupied     Sharing Space with another Business, include a description of the type or manufactured.     Square Feet occupied     Sharing Space with another Business Information       Number of Employees     Square Feet occupied     Staret Address     Information       Street Address     Street Address     Information       Mailing Address City/ State/ Zip     Mailing Address City/ State/ Zip     Mailing Address City/ State/ Zip       Phone Number     Number     Email     Information supplied on this application shall become public record. If the business involves outdoor sales or storage, a site plan is required. If the business involves a use other than retail, wholesale or manufacturing. a floor plan and site plan are required.       For STAFF USE ONLY     (DO NOT WRITE BELOW THIS LINE)       Zoning District:     Paid by: Cash Check No. (non-refundable)     Date Paid: Receipt No : (non-refundable)       The above described business has been detereminet to be     In complane withus re			Sales of	of New Mer	chandise	or Cars							Yes	No
Bach     Outdoor Use (Storage, Display, Seating, Play Area, etc) Yes No     Sexually Oriented Business Yes No       Provide a detailed description of the type of services provided or the products to be sold     Square Feet occupied     Sharing Space with another Business?       Number of Employees     Square Feet occupied     Sharing Space with another Business?     Sharing Space with another Business?       Number of Employees     Square Feet occupied     Sharing Space with another Business?     Sharing Space with another Business?       Street Address     Street Address     Street Address       Street Address     Street Address     Street Address       Phone Number     Phone Number     Name of Business Information       Phone Number     Phone Number     Number       Email     Email     Email       The undersigned does understand that all City of Pompano Beach Ordinances shall be complied with whether specified on ot and all information supplied on this application shall become public record. If the business involves outdoor sales or storage, a site plan are required.     Date       Signature     Date     Date     Receipt No.: (non-refundable)       The above described business has been determined to be     In complance with the use requirements of the district in which the activity is proposed to be located. Comments:			Sales of	of Used Me	rchandise		Yes	No	Child	Care		Yes	No	
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Reviewed by: Approved: Date: Date Applicant Notified:														
Denied:	Reviewed by	/:	Approved:				Date:				Date Applicant Notified:			

pöör	npano
	beach.
Florida's V	Varmest Welcome

100 W. Atlantic Blvd Pompano Phone: 954.786.4668 / 954.786		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)
BEFORE ME, the under who after being duly sw	rsigned authority, personally orn, deposes and says: <i>That</i>	appeared(PRINT NAME) <i>I am the person whose signature appears below,</i> <i>s document is true and correct.</i>
		Signature:
SWORN TO AND SUBSC day of	RIBED before me this 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:
C:\Zoping 2000\Earma and docume	nto\Wahaita Dacumanta\BTD\Affidavita\Ua	