Print Form

CITY OF PEMBROKE PINES

APPLICATION FOR [Check One]:

Local Business Tax Receipt ____ ☐ Special Permit (Non-Profits) ____ ☐

Zoning Application ____ ☐ Special Event ____ ☐

OFFICE USE

Account No._____

Date Paid:_____

Application No._____

Job No._____

DATE:_____ FEDERAL I.D. NO. _____

*BUSINESS NAME _____ BUSINESS PHONE _____

***NOTE: If fictitious name, registration required**

CENTER/BLDG. NAME/LEGAL SUBDIVISION_____

BUSINESS ADDRESS;_____ CITY _____ STATE _____ ZIP_____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP_____

FULL NATURE OF BUSINESS _____ No. of Employees *at this Location*:_____

BUSINESS E-MAIL:_____ WEBSITE:_____

OWNER NAME _____ OWNER PHONE _____

OWNER ADDRESS _____ CITY _____ STATE _____ ZIP_____

APPLICANT NAME AND PHONE NUMBER, IF OTHER THAN OWNER_____

IF CORPORATION, LIST NAME, TITLE, HOME ADDRESS AND PHONE # OF ALL OFFICERS, INCLUDING REGISTERED AGENT).

_____

_____

IF NEW BUSINESS: Name of former business and length of time space has been vacant. (N/A if first time occupancy, sharing space, restricted, or existing business)._____

Sanitation/Utility Billing Account Number

MERCHANTS: Value of wholesale inventory $_____ RESTRICTED LICENSE: Where are materials stored?_____

ATTACH ALL APPLICABLE DOCUMENTATION SUCH AS: Health permit, State contractor license, Broward County Certificate of Competency, certificate of insurance, State professional license, HRS license, proof of transfer of ownership; original City of Pembroke Pines local business tax receipt signed by current owner if transferring local business tax receipt; proof of Charitable, Non-Profit, etc. status (such as a 501(c)3).

SIGNATURE OF APPLICANT_____

State of Florida)
County of Broward)
The foregoing instrument was acknowledged before me this _____ day of _____, _____by _____

who is personally known to me or who has produced _____as identification and who did / did not take an oath.

Commission expires:_____ Notary_____

(Below This Line For Office Use Only) _____

NEW BUSINESS _____ SHARING SPACE _____ DATE OF APPROVAL_____

RESTRICTED _____ EXISTING BUSINESS _____ APPROVED BY_____

REMARKS_____

SQUARE FOOTAGE_____ Group Occ._____ Parking_____ Occ. Load_____

Type of construction_____ No. Dwelling units_____ Zoning_____

Zoning Approval For Restricted Only