

LOCAL BUSINESS TAX RECEIPT OFFICE

Account No. _____

Date Paid: _____

Receipt No. _____

**CITY OF PEMBROKE PINES
LOCAL BUSINESS TAX
RECEIPT / ZONING APPLICATION
10100 PINES BOULEVARD
PEMBROKE PINES, FL 33026
954-435-6508
www.ppines.com**

BUILDING DIVISION

Application No. _____

Job No. _____

DATE: _____ **FEDERAL I.D. NO.** _____

***BUSINESS NAME** _____ **BUSINESS PHONE** (____) _____

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

CENTER/BLDG. NAME/LEGAL SUBDIVISION _____

ADDRESS OF BUSINESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

APPLICANT NAME _____ **APPLICANT PHONE** (____) _____

APPLICANT ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

FULL NATURE OF BUSINESS _____

NAME, HOME ADDRESS, AND PHONE NUMBER OF OWNERS _____ (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

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MERCHANTS: Value of wholesale inventory \$ _____

RESTRICTED LICENSE APPLICANTS: 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 (f/k/a "occupational license") signed by current owner if transferring local business tax receipt.

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

(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** _____

