

# CITY OF PEMBROKE PINES

APPLICATION FOR [Check One]:

<b>FOR OFFICE USE ONLY</b>	
Account No.	_____
Date Paid:	_____
Application No.	_____
Job No.	_____

**Local Business Tax Receipt  
Zoning Application**

**Special Permit (Non-Profits)  
Special Event**

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: \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ APPLICANT PHONE \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT MUST BE AN OFFICER, PARTNER, OR OWNER OF BUSINESS, OCCUPATION, OR PROFESSION.

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). \_\_\_\_\_

MERCHANTS: Annual 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 \_\_\_\_\_

(Please Print Completed Form & Sign)

State of Florida )  
County of Broward )

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence OR \_\_\_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
Printed Name of Notary Public

Personally known OR produced identification

Type of Identification Produced \_\_\_\_\_

(Below This Line For Office Use Only) \_\_\_\_\_

NEW BUSINESS \_\_\_\_\_ SHARING SPACE \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_ REMARKS \_\_\_\_\_

RESTRICTED \_\_\_\_\_ EXISTING BUSINESS \_\_\_\_\_ APPROVED BY \_\_\_\_\_

SQUARE FOOTAGE \_\_\_\_\_ Group Occ. \_\_\_\_\_ Parking \_\_\_\_\_ Occ. Load \_\_\_\_\_

Type of construction \_\_\_\_\_

No. Dwelling units \_\_\_\_\_ Zoning \_\_\_\_\_



**City of Pembroke Pines  
Local Business Tax Division  
601 City Center Way  
Pembroke Pines, Florida 33025  
TEL: 954-450-1062**

**"AFFIDAVIT OF ACKNOWLEDGEMENT FOR BUILDING PERMIT"**

**Business Name:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

Are you planning on renovating this business location?

**Please check the appropriate box:**                      **YES**                      **NO**

The following list of renovation work requires a Building permit application to be submitted to the City of Pembroke Pines Building Department. This list consists of but is not limited to:

- 1.) Installation of new or relocated walls, ceilings, windows, doors, soffits, and fixed cabinetry, etc.
- 2.) Any new or relocated electrical wiring and/or installation of electrical equipment, receptacles, lighting, fans, voice/DATA outlets, CCTV, Sound, Fire Alarm, Fire Sprinklers, etc.
- 3.) Any new, relocated or replaced water heaters, sinks, toilets, drinking fountains or general repairs to the sanitary or water supply.
- 4.) Any new, relocated or replaced air conditioning equip., duct work, refrigeration equip., exhaust or fans.
- 5.) Any flooring where the floor elevation may change above the existing entry/exit door thresholds.

**Building permits are not required for the following:**

- 1.) Painting, wallpaper.
- 2.) Installation or replacement of vinyl, laminate or low-profile tile flooring that does not raise the existing finished floor elevation.

**You may contact the Building Dept. at 954.435.6502 if you have any questions pertaining to permits.**

**To Whom It May Concern,**

**This affidavit is to acknowledge that I, \_\_\_\_\_, the above listed business owner, have been informed that a Building permit is required for any renovation work to this business address. I am also aware that additional penalties may incur if renovation work is performed without obtaining a Building permit.**

**Business Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## INFORMATION SHEET

**City of Pembroke Pines – Local Business Tax Receipt Division**  
**601 City Center Way, 4<sup>th</sup> Floor, Pembroke Pines, FL 33026**  
**Telephone: 954-450-1062 Fax: 954-517-8401 www.ppines.com**

Every business operating in the City of Pembroke Pines will need to apply for a Local Business Tax Receipt by completing a Local Business Tax Receipt & Zoning Application Form (if operating from a commercial or leased space), **or** a Restricted Local Business Tax Receipt & Zoning Application Form (if operating business from a residence). The application must be signed by owner or corporate officer and notarized. We will provide notary service at no charge provided the form is signed in our presence and a Florida Driver's License or other U.S. picture identification is presented. Payment for Local Business Tax Fees must be submitted with the application by check (temporary checks will not be accepted), money order, cashier's check, cash, credit or debit card. An application **WILL NOT BE ACCEPTED WITHOUT PAYMENT**.

1. Your business must be registered and be active with the State of Florida, Division of Corporations. You can do this at [www.sunbiz.org](http://www.sunbiz.org) or you can call the Department of State at (850) 488-9000. If you will be using a "**Fictitious Name**" (DBA), this must also be registered with the State of Florida, Division of Corporations, and must show the business as the owner of the name (DBA).
2. Your business must have an active Federal Tax Identification Number (also known as FEIN). To apply for your Federal Tax ID Number contact the Internal Revenue Service at (800) 829-3676.
3. If your business is operating from a commercial or leased space, a copy of your lease and a business floor plan with business name, address, dimensions and proposed use must accompany your application.
4. A copy of any county or state license required for your business or service you provide must accompany your application. (See County/State Licensing Agency Information listed below.)

**\*\*Every Local Business Tax Receipt application (with the exception of the home based business) must first be reviewed and approved by the Zoning Division. The Zoning Division will advise you if your business location requires any building inspections. FIRE AND BUILDING INSPECTIONS ARE A SEPARATE FEE AND MUST BE PAID IN ADDITION TO THE LOCAL BUSINESS TAX RECEIPT FEE. Once all the necessary inspections have been passed, your Local Business Tax Receipt will be issued and mailed to the mailing address listed on your application.\*\***

5. A **Broward County Local Business Tax Receipt** must also be obtained after the issuance of the Pembroke Pines Local Business Tax Receipt. This may be done at the Broward County Governmental Center located at 115 S. Andrews Avenue, Ft. Lauderdale, 954-765-4697 or online at [www.broward.countytaxes.com/btexpress](http://www.broward.countytaxes.com/btexpress).

### COUNTY/STATE LICENSING AGENCY INFORMATION

- **ALCOHOLIC BEVERAGE COMMISSION:** 5080 COCONUT CREEK PARKWAY, MARGATE, FL 33063 (954) 917-1350.
- **BROWARD COUNTY CERTIFICATE OF COMPETENCY BOARD:** 1 N UNIVERSITY DR., PLANTATION, FL 33324 (954) 765-4400.
- **DEPT. OF BUSINESS AND PROFESSIONAL REGULATION:** 1940 NORTH MONROE ST., TALLAHASSEE, FL 32399-1027 (850) 487-1395.
- **Food/Health Permit/Restaurant License:**  
If you own a restaurant or hotel, licensing is done through **Department of Business Regulation** (850) 487-1395.  
If you own a convenience store, market, etc., health permit licensing is done by **Dept. of Agriculture** (800) 435-7352.
- **HRS – Broward County Child Care Licensing:** (Day Care Center or Family Home Daycare) (954) 357-4800.
- **Sales Tax Information – Dept. of Revenue:** 3301 N University Drive, Coral Springs, FL 33065 (954) 346-3000  
[www.myflorida.com/dor](http://www.myflorida.com/dor)