

**City of Plantation**  
400 NW 73 Ave  
Plantation, FL 33317  
954-797-2239  
fax: 954-797-2238  
www.plantation.org



**City Clerk**  
Susan K. Slattery

## Local Business Tax Receipt Application

Type of Application: ☐ New ☐ Name Change ☐ Local Address Change ☐ Mailing Address Change ☐ Owner Change

Professional's Name or Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Web Site: \_\_\_\_\_ Email: \_\_\_\_\_

Business Operated From: ☐ Office ☐ Mailbox ☐ Kiosk ☐ Home\* ☐ Other Do you? ☐ Rent or ☐ Own

Sq. Ft. of Business Area: \_\_\_\_\_ # of Employees: \_\_\_\_\_ # of Vending Machines: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

If Change of Address please list former address here: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ ☐ Mailing address same as business address.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: ☐ Corporation ☐ Partnership ☐ Professional ☐ Sole Proprietor ☐ Other: \_\_\_\_\_

List all officers of corporation or partnership, including name, home address and title. Attach additional sheets if necessary.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Application does not guarantee issuance of a local business tax receipt. All businesses must be located in an appropriate zoning district. Code compliance is required. All necessary inspections and documentation must be completed prior to issuance of a local business tax receipt. All businesses or professionals requiring a state and/or county license or certificate must provide a copy. A principal of the corporation/business or an assigned representative must sign this application and provide a valid driver's license for identification. A copy of this application will be sent to the Plantation Police Department.

I swear or affirm that the information given on and with this application is true to the best of my knowledge and belief.

Applicant Name: \_\_\_\_\_ Applicant Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Only Applicants for a home based business must complete the back of this form.**

**For Office Use Only** Attachments: ☐ LOI ☐ Driver's License ☐ State License ☐ Corp. Docs ☐ CO ☐ HOA Letter ☐ Mailbox Contract ☐ Other

For Office  
Use Only

Account #

Name

Date

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## Local Business Tax Receipt Application

### Agreement and License Permitting Inspection for Home Local Business Tax Receipt

It is my intent that the home Local Business Tax Receipt for which I am applying shall be conducted entirely within my dwelling and carried on by persons residing in that dwelling. I have read City Ordinance No. 2089 and this is the signed, notarized agreement required by Sec. 27-664 (c)(6), City Code. I hereby agree to abide by City Ordinances Nos. 2089 and 2113, including but not limited to, the following specific commitments:

1. I agree that any business activity will be restricted to telephone use, mail and the reproduction of correspondence reports, or other written documents. There will be no production, assembly, repair of any product or equipment, or on-premises sales.
2. I agree that the business use shall be clearly incidental and subordinate to the use for residential purposes by the occupants, and not more than ten (10) percent of the floor area, not to exceed two hundred (200) square feet of the dwelling unit, will be used in the conduct of all home businesses licensed for the home.
3. I agree that the garage will not be used for the conduct of business. The outside appearance of the building or premises will not be changed, and there will be no visible evidence of the conduct of such home business. No home business will be conducted in any accessory building or other structure detached from the residence.
4. I agree that no stock-in-trade shall be displayed, stored, shipped to or from, or sold on the premises. No equipment will be kept on the premises except that which is of quantity and configuration normally used for purely home/office purposes.
5. I agree that no clients, customers, purchases, or pedestrian traffic of any kind related to the business will occur. My home mailing address will not be used in any advertisements, and with the exception of mail delivery services, there will be no vehicular traffic generated by the home occupation. No commercial vehicle will be used in connection with the home business, including commercial vehicles for delivery to or from the premises.
6. I agree that there will be no noise, vibration, glare, fumes, odors, or electrical interference beyond what normally occurs in the residential zoning district.
7. I agree that no person other than a family member residing on the premises will be engaged in the business licensed by the City.
8. I agree to reimburse the City for all its legal fees, costs, and expenses incurred in an effort to obtain a court order permitting an inspection (if access is not permitted using the license below), and incurred with respect to any other enforcement activity concerning any home business certificate issued to the above residence or the use of the premises.

I hereby grant the City a license to inspect my residence at reasonable hours in the event that the City has reasonable cause to believe that I am in violation of the provisions of Ordinance No. 2089. This license shall be effective for any renewals of my home local business tax certificate issued to my residence and, furthermore, the signing of a new inspection license shall not be required at each local business tax certificate renewal.

I swear or affirm that the information given on and with this application is true to the best of my belief and knowledge. I am authorized to act and bind the firm in all matters connected with this business. I agree to comply with all the regulations set forth in the Local Business Tax Ordinance No. 2089, and agree that I will grant City inspectors the right to enter my home if there is probable cause to believe a violation exists with regard to the Home Business.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

State of Florida  
County of Broward

### Notary Statement

I hereby certify that on this day, appeared \_\_\_\_\_, who is personally known to me or who has produced a driver's license as identification, and who has acknowledged to me that he/she executed the foregoing instrument.

Witness my Hand and Official Seal in the County and State aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal:

\_\_\_\_\_  
Notary Public, State of Florida