



TOWN OF DAVIE  
BUSINESS TAX RECEIPTS

8800 SW 36<sup>TH</sup> STREET • DAVIE, FLORIDA 33328  
PHONE: 954.797.1212 EMAIL: BTR@davie-fl.gov

**HOME OCCUPATIONS**

**APPLICATION CHECKLIST**

**BUSINESS TAX RECEIPT/CERTIFICATE OF USE**

✓	Document	Required For:
	Completed application with all required attachments, signed and dated by the applicant.  When applying by email, please identify your business in the subject line like this: <b>Subject: New Application for (Your Business Name)</b>	All applications.
	Copy of the detail sheet from the State Division of Corporations, indicating corporate officers (see <a href="http://sunbiz.org">sunbiz.org</a> ).	All applications for businesses required to file corporate articles with the State.
	Copy of the detail sheet for any related fictitious name (see <a href="http://sunbiz.org">sunbiz.org</a> ).	Corporations utilizing a fictitious name.
	Proof of residency, such as a copy of driver's license or a copy of a current utility bill at the home address.	All applications.
	Copy of state license ( <a href="http://myfloridalicense.com">myfloridalicense.com</a> ).	Any business, occupation or profession requiring a state license.
	Bill of sale.	Applications involving only a change of ownership.
	Letter describing the type of business, signed and dated by the applicant.	All applications.

**What to expect after submitting an application:**

- The Business Tax Receipt office will confirm receipt and indicate whether the application is complete for review. The Planning and Zoning may request clarification or additional documents as part of their review.
- After Planning and Zoning review, the Business Tax Receipt Office will email the applicant an invoice of the required business taxes.

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BUSINESS TAX RECEIPT

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PHONE: 954-797-1212 EMAIL: BTR@DAVIE-FL.GOV

**BUSINESS TAX RECEIPT/CERTIFICATE OF USE APPLICATION**

**HOME OCCUPATION**

BUSINESS NAME (DBA): \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

MAILING ADDRESS (address of the home): \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS IS:             Corporation             Sole Proprietor             Partnership             LLC

FEDERAL ID NUMBER \_\_\_\_\_ OR SOCIAL SECURITY NUMBER

I understand that, once issued, the Business Tax Receipt, will be valid only until September 30, regardless of the application date, and must be renewed by payment of the annual business tax by September 30 of each subsequent year unless written notice is provided to the Business Tax Receipt Office stating that the business has discontinued.

<b>PRINT NAME OF OWNER/OFFICER</b>	<b>SIGNATURE OF OWNER/OFFICER</b>	<b>DATE</b>

**ROUTING AND DETERMINATIONS \*\*\*\*\*Town Use Only\*\*\*\*\***

<b>Bus. Name:</b>		<b>App. Date:</b>	
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<b>Clerk:</b>		<b>Permit No:</b>	
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<b>Type:</b>	<input type="checkbox"/> Full year	<input type="checkbox"/> Partial year	<input type="checkbox"/> Transfer of ownership from:
			<input type="checkbox"/> Transfer of location from:

**BUSINESS TAX & FEES**

BTR Category and License No.	Tax	Fee Category	Fee
1.	\$	Transfer	\$
2.	\$	Late	\$
3.	\$	Double	\$
4.	\$	Other	\$
<input type="checkbox"/> Tax Exempt per Sec. 13-31	<b>TOTAL TAX</b>		<b>TOTAL FEES</b>
	\$		\$

COMMENTS:

ZONING REVIEW	APPROVED	DATE	DENIED	DATE