



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

**COMMERCIAL - INDUSTRIAL - INSTITUTIONAL USE**

**APPLICATION CHECKLIST**

**BUSINESS TAX RECEIPT/CERTIFICATE OF USE**

| ✓ | <b>Documents</b>  | <b>Required For:</b>  |
|---|---|---|
|   | 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:<br><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.   |
|   | Letter describing the type of business, signed and dated by the applicant.  | All applications.   |
|   | A floor plan of the commercial/industrial space, showing all offices, work areas, bathrooms, kitchen etc. Include your business name and address on the floor plan <i>and indicate the name and address of any adjacent businesses within the same building</i> . The floor plan need not be drawn to scale but <i>must be legible and include dimensions for each room</i> . | All applications.   |
|   | Affidavit of inventory  | Retail and wholesale businesses only.                             |
|   | Copy of the detail sheet for any related fictitious name (see <a href="http://sunbiz.org">sunbiz.org</a> )  | Businesses utilizing a fictitious name only.                      |
|   | Copy of state license (see <a href="http://myfloridalicense.com">myfloridalicense.com</a> )   | Any business, occupation or profession requiring a state license. |
|   | Bill of sale  | Change of ownership only.   |

**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 or Building departments may request clarifications or additional documents as part of their reviews.
- Toward the end of the review process, the Business Tax Receipt Office will email the applicant an invoice for all required business taxes and inspection fees.

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

**APPLICATION  
BUSINESS TAX RECEIPT/CERTIFICATE OF USE  
COMMERCIAL/INDUSTRIAL/INSTITUTIONAL**

BUSINESS TYPE:       Corporation       LLC       Sole Proprietor       Partnership

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

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

SHOPPING CENTER/WAREHOUSE NAME: \_\_\_\_\_

BUS. STREET ADDRESS: \_\_\_\_\_

BUS. MAILING ADDRESS: \_\_\_\_\_

BUS. CONTACT NAME: \_\_\_\_\_ PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AUTH. AGENT NAME: \_\_\_\_\_ PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_

FEDERAL ID NUMBER: \_\_\_\_\_ OR SOCIAL SECURITY NO.:

SQUARE FOOTAGE OF BUSINESS AT THIS LOCATION: \_\_\_\_\_

NUMBER OF EMPLOYEES PROPOSED FOR THIS LOCATION: FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_

PRIOR USE OF LOCATION (PREVIOUS BUSINESS NAME): \_\_\_\_\_

FOR INDUSTRIAL/MANUFACTURING USES: EXISTING WASTEWATER SYSTEM IS:     SEPTIC     SEWER

I understand that I am not authorized to conduct any business at this location prior to issuance of a Business Tax Receipt, Certificate of Use and other applicable Town approvals. I further 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> |  |
|-------------------|--|-------------------|--|

|               |  |                  |  |
|---------------|--|------------------|--|
| <b>Clerk:</b> |  | <b>Permit #:</b> |  |
|---------------|--|------------------|--|

| ✓ ROUTING                                | Application Review |      |    | Inspections |      | Required Payments |          |      |
|--|--------------------|------|----|-------------|------|-------------------|----------|------|
| Application Type                         | BTR                | BLDG | PZ | BLDG        | FIRE | BTR               | BLDG     | FIRE |
| PO Box Only                              | •                  |      |    |             |      | Sched.            |          |      |
| Change of Business Name Only             | •                  |      |    |             |      | Sched.            |          |      |
| Change of Business Ownership Only        | •                  |      |    | (a)         |      | Sched.            | \$110(a) |      |
| New Business at Location                 | •                  | •    | •  | •           | •    | Sched.            | \$110    | \$55 |
| Addn. of Bus. Cat. or Physical Expansion | •                  | •    | •  | •           | •    | Sched.            | \$110    | \$55 |
| Business moving into space with another  | •                  | •    | •  | •           | •    | Sched.            | \$110    | \$55 |
| Addition of seating/chairs (indoors)     | •                  | •    | •  | •           | •    | Sched.            | \$110    | \$55 |
| New Rental Apartment (3+ units)          | •                  |      | •  |             | •    | Sched.            |          | \$55 |
| New Business with pending interior alt.  | •                  | •    | •  |             | •    | Sched.            |          | \$55 |
| Other:                                   |                    |      |    |             |      | Sched.            |          |      |

|                  |                                    |                                       |  |
|------------------|------------------------------------|---------------------------------------|--|
| <b>BTR 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        | \$                |
| 5.   | \$               |              |                   |
| <input type="checkbox"/> Tax Exempt per Sec. 13-31 | <b>TOTAL TAX</b> |              | <b>TOTAL FEES</b> |
|  | \$               |              | \$                |

COMMENTS:

(a) Mandatory Electrical inspection for bakeries, restaurants, nail salons, and day care facilities.



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AFFIDAVIT OF INVENTORY

Business Name: \_\_\_\_\_

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

Declared Retail/Wholesale Inventory: \$ \_\_\_\_\_

In accordance with Chapter 13, Division II, Business Taxes, of the Town of Davie Code, the undersigned hereby affirms that the inventory declared for the above described business is true and correct.

|                             |                            |      |
|-----------------------------|----------------------------|------|
|                             |                            |      |
| PRINT NAME OF OWNER/OFFICER | SIGNATURE OF OWNER/OFFICER | DATE |

| CURRENT BUSINESS TAX RATE FOR RETAIL/WHOLESALE (ORDINANCE 2016-012) |   |
|---|---|
| Inventory Value   | Business Tax  |
| 0 to \$100,000  | \$140.71  |
| \$100,001 to \$200,000  | \$239.20  |
| \$200,001 to \$300,000  | \$309.56  |
| \$300,001 and over  | \$309.56 + \$35.18 for each \$10,000 in inventory value over \$300,000 (and prorated if applicable) up to a maximum of \$10,000,000 of stock value. |

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# DAVIE POLICE DEPARTMENT

1230 S. Nob Hill Road  
Davie, Florida 33324  
(Telephone) 954-693-8200  
(Fax) 954-693-8208



## BUSINESS UPDATE SURVEY CONFIDENTIAL INFORMATION

(Emergency information for use by The Town of Davie Police Department)

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ HOURS \_\_\_\_\_  
(Include Suite, Apartment, Bay and/or Building Number)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACTS

1. \_\_\_\_\_  
Name Title

\_\_\_\_\_ Home Address Home Phone

\_\_\_\_\_ Mobile Phone Pager Work Phone

2. \_\_\_\_\_  
Name Title

\_\_\_\_\_ Home Address Home Phone

\_\_\_\_\_ Mobile Phone Pager Work Phone

3. \_\_\_\_\_  
Name Title

\_\_\_\_\_ Home Address Home Phone

\_\_\_\_\_ Mobile Phone Pager Work Phone

### PREMISE INFORMATION

SECURITY DOG \_\_\_YES \_\_\_NO HAZARDOUS MATERIAL \_\_\_YES \_\_\_NO TYPE \_\_\_\_\_

LIGHTS ON AT NIGHT \_\_\_YES \_\_\_NO LOCATION \_\_\_\_\_

ALARM \_\_\_YES \_\_\_NO ALARM CO. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CAMERA \_\_\_YES \_\_\_NO LOCATION \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH YOUR BUSINESS TAX RECEIPT APPLICATION**

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# Proposed Business Floor Plan\*

|                         |
|-------------------------|
| Business<br>Name: _____ |
| Address: _____          |

\*Use this form if architectural drawing is not available.

Adjacent Use: \_\_\_\_\_ (required)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Adjacent Use: \_\_\_\_\_ (required)

(Front Entrance)

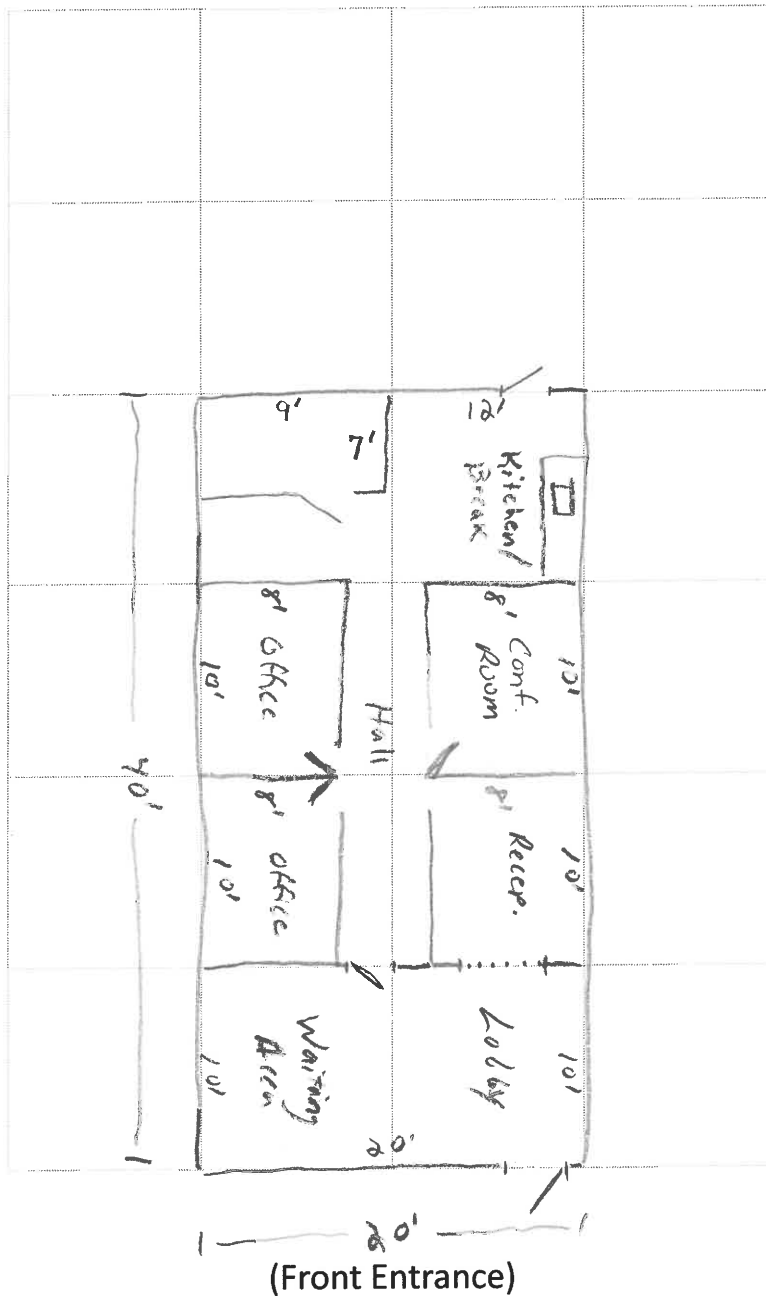
Example

### Proposed Business Floor Plan\*

Business Name: Example Business, Inc  
Address: \_\_\_\_\_

\*Use this form if architectural drawing is not available.

Adjacent Use: Day Care Center (required)



Adjacent Use: Hair Salon (required)