



TOWN OF DAVIE
BUSINESS TAX RECEIPTS

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1212 EMAIL: BTR@davie-fl.gov

COMMERCIAL - INDUSTRIAL - INSTITUTIONAL USE

APPLICATION CHECKLIST

BUSINESS TAX RECEIPT/CERTIFICATE OF USE

✓	Documents	Required For:
	Completed application with all required attachments, signed and dated by the applicant.	All applications.
	Copy of the detail sheet from the State Division of Corporations, indicating corporate officers (see sunbiz.org).	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 sunbiz.org)	Businesses utilizing a fictitious name only.
	Copy of state license (see myfloridalicense.com)	Any business, occupation or profession requiring a state license.
	Bill of sale	Change of ownership only.

	Estimate of payments*	Amount (\$)
	Business Tax or Transfer Fee	
	Building Inspections	
	Fire Inspection	

* Applicants will receive a separate invoice or request for payment, usually after completion of any required inspections. Final amounts may differ based on the number of inspections required or other application details.

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BUSINESS TAX RECEIPT

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**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.

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

ROUTING AND DETERMINATIONS

*****Town Use Only*****

Business Name:	App. Date:
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✓	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.		

BTR TYPE:	<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	TOTAL TAX	\$	TOTAL FEES
			\$
COMMENTS:			

(a) Bakeries, Restaurants, Nail Salons, Day Cares only

ZONING REVIEW	APPROVED	DATE	DENIED	DATE

BUILDING REVIEW	APPROVED	DATE	DENIED	DATE



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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

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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: _____

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 _____

PLEASE RETURN THIS FORM WITH YOUR BUSINESS TAX RECEIPT APPLICATION

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