



THIS APPLICATION MUST BE PRESENTED IN PERSON TO THE OFFICE LISTED BELOW FOR PROCESSING

**APPLICATION FOR LOCAL BUSINESS TAX RECEIPT (Formally Known as Occupational License) OR**  
 apply online at <https://county-taxes.net/broward/broward/btexpress>– Click “Apply for a new  
 business tax account” (24-48hr processing period).

A BUSINESS TAX RECEIPT IS NOT A GUARANTEE THAT YOUR BUSINESS IS OPERATING IN COMPLIANCE WITH LOCAL LAWS. IF YOUR BUSINESS IS LOCATED WITHIN A MUNICIPALITY’S JURISDICTION, CHECK WITH THAT MUNICIPALITY FOR THE ZONING REQUIREMENTS.

1. Is your business within the unincorporated area of Broward County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you must obtain a certificate of use from Broward County Zoning.

See BMSD Zoning website for more information: <http://www.broward.org/Planning/Zoning/Pages/Default.aspx>

2. Name of Business \_\_\_\_\_

3. Name of owner, principal, or officer \_\_\_\_\_

4. Business Location \_\_\_\_\_  
 Street City Zip Code

5. Owner Address: \_\_\_\_\_  
 Street City Zip Code

6. Mailing Address: \_\_\_\_\_  
 Street City Zip Code

7. Business Phone \_\_\_\_\_ 8. Social Security # / EIN \_\_\_\_\_

9. Type of Business \_\_\_\_\_ 10. Date business Opened in Broward County \_\_\_\_\_

11. Number of employees (including owner and principals) \_\_\_\_\_ 12. E-mail address \_\_\_\_\_

13. Do you own (not lease) any coin-operated merchandise, service, or amusement machines on the premises?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_  
 What type of machine(s)? (Merchandise or Amusement) \_\_\_\_\_

Date \_\_\_\_\_ Name of Applicant (Please Print) \_\_\_\_\_

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

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 SUBJECT: FICTITIOUS NAME ACT: “FS 865.09”

(1) I declare that I have registered, or will register, with the Division of Corporations of the Department of State, for the Fictitious Name Act.

PRINT YOUR NAME \_\_\_\_\_

PRINT YOUR FICTITIOUS NAME (D/B/A) \_\_\_\_\_

**OR**

(2) I do not have to comply with the Fictitious Name Act because: Check Appropriate Box

- I AM USING MY FULL LEGAL NAME
- MY BUSINESS IS REGISTERED AS A CORPORATION
- OTHER

FAILURE TO COMPLY WITH THE FICTITIOUS NAME REGISTRATION PROVISIONS OF SECTION 865.09, FLORIDA STATUTES, IS A MISDEMEANOR OF THE SECOND DEGREE AND PUNISHABLE AS PROVIDED IN SECTION 775.082 OR SECTION 775.083, FLORIDA STATUTES. I UNDERSTAND THAT SIGNING THIS FORM, IF ANY OF THE ABOVE IS NOT TRUE, I WILL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS AFFIDAVIT IS NOT THE APPLICATION FOR THE REGISTRATION OF YOUR FICTITIOUS NAME.**  
 Fictitious Name Registration Packets can be obtained in the Governmental Center’s Main Lobby at the Security Desk or:  
 Florida Department of State, Division of Corporations (850)-488-9000

You may register online at: [www.sunbiz.org](http://www.sunbiz.org)

Account \_\_\_\_\_