



**CITY OF HOLLYWOOD, FLORIDA
LOCAL BUSINESS TAX RECEIPT
APPLICATION CHECKLIST FOR
BUSINESSES OPERATING FROM A COMMERCIAL LOCATION**

The following information should accompany your completed application at the time it is submitted.

- Copy of signed lease, proof of ownership (property tax records, warranty deed, etc.), or bill of sale.
- Copy of County, State, or Federal License.
- Copy of Articles of Incorporation or Fictitious Name Registration (web site www.sunbiz.org)
- Payment of \$25.00 non-refundable application processing fee in addition to the local business tax fee (this amount will be determined when the application is submitted and reviewed)

OTHER POSSIBLE REQUIREMENTS

- Professionals (i.e. Physician, Attorney, CPA) - copy of State of Florida License
- Auto Repair – copy of ASE Certificate or Consumer Affairs License from Broward County
- Contractors – copy of Certificate of Competency from Contractor's Board (954) 765-4400
- Assisted Living Facility - copy of State license from the Agency for Health Care Administration
- Hotel/Apartments or Restaurants – Health inspection report from Florida Department of Business and Professional Regulation – Division of Hotel & Restaurant (850) 487-1395. Sale of packaged goods by Grocery /Convenience Stores, Gas Stations, etc. – Health inspection report from Department of Agriculture, Food Safety Division (850) 245-5520.
- Tattoo Shop – background check, Zoning Department approval, and doctor available on site/call
- Spa/Nail/Hair Salon/Barber Shop – copy of State license
- Adult-Oriented businesses – special application required (additional \$200 application fee)
- Medical Equipment – State License for the sale of oxygen (after business tax receipt is issued)
- Professionals or businesses regulated by the Department of Business and Professional Regulations (DBPR), (physicians, attorneys, engineers, real estate firms/brokers, barbers, cosmetologists, etc.) must submit their current State of Florida license when applying for a local business tax receipt.
- Ballroom Dance Studios, Health Studios, Sellers of Travel, Telemarketing companies, and Motor Vehicle Repair shops require proof of current registration or exemption from the Department of Agriculture or Consumer Services prior to applying for a local business tax receipt. (Please call 1-800-435-7352 for additional information).
- The local business tax year is equal to the City's fiscal year which runs from October 1st to September 30th of the following year. All applications that are submitted between April 1st and September 30th of the current business tax year will be required to pay only 50% of the annual amount that would normally be due, in addition to the non-refundable \$25.00 application fee.
- **Notwithstanding the prior issuance of a local business tax receipt, City Code also requires that no person, firm, landlord, tenant or corporation shall commence any use of any property, other than single-family residential, until a Certificate of Use Permit has been issued by the Department of Planning and Development Services.**

Additional information is available by calling Customer Service at (954) 921-3225.

CITY OF HOLLYWOOD, FLORIDA
APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

Welcome to the City of Hollywood. If you require assistance completing this application, please call Customer Service at (954) 921-3225, or visit the Local Business Tax Receipt office located in Room 103, City Hall, 2600 Hollywood Boulevard. Out of State Applicants: Please mail your application to Treasury Services Division/Local Business Tax Receipt, P.O. Box 229045, Hollywood, Florida 33022-9045.

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A) ABOUT YOUR BUSINESS:

- 1) Legal Business Name: _____
D B A (Fictitious name), if any (Registration required by State law): _____
- 2) Business Location in Hollywood: _____ Zip Code: _____
- 3) Preferred method of Communication: _____ E-mail, _____ Phone, _____ Mail
- 4) Mailing Address: (If different) _____
City: _____ State: _____ Zip Code: _____
- 5) Phone: _____ Cell: _____ E-mail: _____
- 6) **Required By State Law:** Federal Employer Identification Number: _____
- 7) Owner or Local Officer: (Note: Partnerships/Corporations - Please list only one owner or local officer below)
Name: _____ Home Phone Number: _____
Home Address: _____ City/State/Zip: _____
Driver's License #: _____ State: _____
- 8) Do you own or rent the property where the business is located? _____ Own _____ Rent. (If rent, provide copy of lease)

9) Describe your business in detail (please be specific as to the products, goods or services to be sold):

10) Does or will your proposed business sell, rent or involve in any way, adult materials or services? __No __Yes

IF YES: You are required to complete supplemental Form 11 "Businesses Selling or Providing Adult-Oriented Materials or Services" and comply with all aspects of Chapter 11 of the City's Code.

- 11) Does your business provide coin-operated vending machines. If yes, how many machines: _____
- 12) Name of private garbage hauler for your location: _____
- 13) Number of employees including owner: _____
- 14) Website address: _____

B) PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I affirm that all information that I have provided is true and correct. I further acknowledge that I will be subject to all penalties prescribed by law for providing any false information to the City. I understand that the City will issue this local business tax receipt only after proper review of my application and any investigation deemed necessary, and only after payment of the appropriate fees. I also understand that issuance of a local business tax receipt does not release me from responsibility for making any other improvements that may be required in conjunction with any City, County, State or Federal laws applicable to my business or premises. I also understand the \$25 application fee is non-refundable.

I understand that, pursuant to State law, the local business tax is levied for the privilege of doing business within a City's limits, and is non-regulatory in nature. I understand that issuance of a local business tax receipt by the City of Hollywood does not mean that the City has determined that the existing or proposed use of a location is lawful. I understand that issuance of a local business tax receipt does not legalize or condone the nature of the business being conducted if contrary to any local, state or federal laws or regulations.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

**CITY OF HOLLYWOOD, FLORIDA
LOCAL BUSINESS TAX RECEIPT/FEE DETERMINATION FORM**

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NAME OF BUSINESS: _____
BUSINESS ADDRESS: _____
DESCRIBE YOUR BUSINESS IN DETAIL (Please specify your products, goods or services to be sold):

I certify that the information provided below is true and correct to the best of my knowledge:

AUTHORIZED SIGNER: _____ TITLE: _____

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Principal Business: Which one of the following categories best describes your principal business: (check one)

___ **1. Entertainment and Leisure:** Provides recreational or diversionary activities, such as amusement parlors, theme parks, sports, games, sightseeing and other similar activities.

- a) What is the total available occupancy or seating of your business: _____
- b) Movie Theaters Only: How many movie screens do you have? _____

___ **2. Lodging:** Provides any form of residential accommodations or facilities for rent, lease or use. What is the total number of rooms, apartments, living units or spaces rented, leased or used: _____

___ **3. Manufacturing:** Manufactures merchandise for sale. How many workers do you have: _____

___ **4. Merchant:** Sells merchandise. Provide your annual inventory for the last fiscal year: _____

___ **5. Restaurant and Related Establishment:** Prepares and sells meals and/or beverages to the public. What is the total number of seats: _____ is alcoholic beverage served? ___ Yes ___ No. Until when: _____

___ **6. Service/Professional:** Professionals practicing accounting, medicine or law. A separate local business tax receipt is required for each such professional. How many workers do you have: _____

___ **7. Banks, Savings and Loan:** Bank or savings and loan entity. How many workers do you have: _____

___ **8. Licensed Business:** Provides a service which requires licensure or certification by the Federal, State or County government(s). How many workers do you have: _____

___ **9. Other Business:** Provides a service which is not professional in nature or that does not require Federal, State or County licensure. How many workers do you have: _____

___ **10. Storage:** Provides temporary, short-term or long-term storage accommodations or facilities for rent, lease or use. What is the total square footage of space to be used: _____

___ **11. Transportation:** Rents, leases or provides any means of transportation on a short or long-term basis. Provide the total number of vehicles or vessels rented, leased or used: _____

___ **12. Utility:** Provides a public service on a private basis. Supply or transport of energy, such as gas, nuclear power, and electricity; of telecommunications; any other fuel, commodity or service that may be sold to public subscribers or users. Check the business type: ___ Electrical Energy ___ Fuel Pipeline
___ Fuel Energy ___ Telecommunications/Television ___ Telecommunications/All Other

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OFFICE USE ONLY:

CITY OF HOLLYWOOD LOCAL BUSINESS TAX RECEIPT #: _____

Local Business Tax Amount: Annual: \$ _____ Half Year: \$ _____

Fee Determined By: _____ Date: _____