



BUSINESS TAX / CERTIFICATE OF USE APPLICATION

Check One: New Business Transfer of Address Transfer of Ownership Other _____

Occupancy/Start Date: _____ Are you using Executive Suite Service? Yes/No _____ (Name)

Business Name: _____
(Corporation, Partnership, Limited Liability Company, --ATTACH A COPY)

D/B/A: _____
(Division of Corporations requires registration as a Fictitious Name – ATTACH A COPY)

Federal Employment I.D. # _____ Or Social Security # _____

Business Address: _____ Boca Raton FL _____
(Street) (Suite) (Zip Code)

Mailing Address: _____
(If Different) (Street) (Suite) (City) (State) (Zip Code)

Business phone: (____) _____ - _____ Emergency phone: (____) _____ - _____ Fax # (____) _____ - _____

Email Address: _____

Describe in detail: NATURE OF BUSINESS: _____
BUSINESS PROFESSIONAL/REGULATORY/STATE AGENCY/INDIVIDUAL LICENSE(S) – *ATTACH COPY OF EACH**

Approximate Square Footage of Business Location: _____ Number of Employees Including Self _____

Were You Issued a Notice of Violation from the City of Boca Raton? Yes No - ATTACH A COPY

Any Interior/Exterior Alterations requiring a Permit? Yes No If Yes: Building Permit # _____ Sign Permit # _____

RESTAURANTS – **Must Submit a Floor Plan With:** Total Square Foot, Customer Service Area (inside & outside) & Linear Feet of Bar.
*Valet Parking Provided? Yes No Valet Business _____ Business Tax Account #: _____

Apartments/Hotels: # of Units/Bedrooms: _____ State License – ATTACH A COPY ---Manager on Premises? Yes No Unit # _____

Is This Business Engaged in Telemarketing? Yes No If Yes, - ATTACH COPY OF LICENSE OR EXEMPTION AS PER F.S. CH.501.

X _____ PRINT NAME
SIGNATURE OF PROFESSIONAL/AUTHORIZED REP CONFIRMING INFORMATION IS TRUE AND CORRECT.

PROCESSING:

FOR OFFICE USE ONLY

CHARGES:

DATE RECEIVED _____

PRIOR FISCAL YEAR(S) _____

SPECIALIST _____

CURRENT FISCAL YEAR _____

B.T.R./C/U ACCT # _____

PENALTY _____

INSPECTION SCHED. DATE _____

TRANSFER (8-35) _____

R/F/D _____

APPLICATION _____

TRANSFER – OLD _____

C/U REVIEWS _____

RENEWAL _____

TOTAL FEE DUE _____



Mailing Address
Business Tax Authority
201 W Palmetto Park Rd
Boca Raton, FL 33432