



# City of Boca Raton

201 W Palmetto Park Road, Boca Raton, FL 33432-3795 Tel: 561-393-7937 Fax: 561-367-7049  
Development Services Department • Code Compliance Division • Business Tax Authority

## Business Tax / Certificate of Use Application

Circle One: New Business Transfer of Address Transfer of Ownership Other \_\_\_\_\_

Occupancy / Start date: \_\_\_\_\_ Are you using executive suite service? No / Yes \_\_\_\_\_  
(Name)

Business Name \_\_\_\_\_  
(Corporation, Partnership, Limited Liability Company, etc.)

D/B/A \_\_\_\_\_  
(Division of Corporations requires registration as a Fictitious Name, \*\*\* ATTACH A COPY

Federal Employer Identification # \_\_\_\_\_ or Social Security # \_\_\_\_\_

BUSINESS Address \_\_\_\_\_ # \_\_\_\_\_ Boca Raton, FL \_\_\_\_\_  
(Street) (Suite #) (Zip code)

MAILING Address \_\_\_\_\_ # \_\_\_\_\_  
\*\*\*\*\* (If different) (Street) (Suite #) State (Zip code)

Business ph# ( ) \_\_\_\_\_ Emergency ph# ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_

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

Describe in detail the 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? Circle: No / Yes, \*\*\* ATTACH A COPY

Any Interior / Exterior alterations performed for work requiring a permit? Circle One: No / Yes  
If Yes: Building Alt Permit # \_\_\_\_\_ Sign Permit # \_\_\_\_\_

Restaurants---Must submit a floor plan with: Total sq ft, customer service area (inside & out) & linear ft of bar.  
\*Valet Parking' provided? Circle One: No / Yes Business Tax Acct # \_\_\_\_\_

Apartments/Hotels: # of Units/Bedrooms \_\_\_\_\_, State License \*\*\* ATTACH A COPY  
Manager on premises? Circle One: No / Yes Unit # \_\_\_\_\_

Is this Business engaged in Telemarketing? Circle One: No / Yes  
If yes, \*\*\* ATTACH COPY OF COMMERCIAL TELEMARKETING LICENSE OR EXEMPTION AS PER F.S. Ch.501.

X \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**SIGNATURE OF PROFESSIONAL / AUTHORIZED REP., CONFIRMING INFORMATION IS TRUE AND CORRECT.**

### FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ PRIOR FISCAL YEAR \_\_\_\_\_

SPECIALIST \_\_\_\_\_ CURRENT FISCAL YEAR \_\_\_\_\_

B.T.R. / C/U ACCT # \_\_\_\_\_ APPLICATION \_\_\_\_\_

R/F/D \_\_\_\_\_ C/U REVIEWS \_\_\_\_\_

TOTAL FEE DUE \_\_\_\_\_