CITY OF OAKLAND PARK
BUSINESS TAX RECEIPT APPLICATION & CHANGE FORM

Business Name: _____ Telephone: _____

DBA: _____ _____

Business Street Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Type of Business (Description) _____

_____

Commercial Waste Account #: _____ Utility Account #: _____

Business Owner Name: _____ Telephone: _____

Home Address: _____

Street City State Zip Code

Property Owner & Property / Folio ID # _____

Home Address: _____

Street City State Zip Code

I CERTIFY THE FORGOING ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE, BELIEF AND UNDERSTANDING THAT THIS APPLICATION IS NOT AN AUTHORIZATION TO CONDUCT ANY BUSINESS UNTIL THE LICENSE HEREIN IS ISSUED.

Applicants Signature: Date:

FILL IN THE INFORMATION BELOW ONLY IF IT APPLIES TO YOUR BUSINESS

MERCHANT, Estimated Retail Value of Inventory: $ _____ Seating Capacity: _____

NUMBER OF CHAIRS/STATIONS (Barber/Beauty/Nail Salon) _____ No. of Employees: _____

NUMBER OF RENTAL UNITS (Apartment, Duplex, Triplex) _____

MACHINES (List No. of Each Type) COIN: _____ GAME: _____ VENDING: _____

BILLIARD/POOL TABLE: _____ OTHER: _____

PLEASE PROVIDE COPIES OF INFORMATION LISTED BELOW

◇ FLORIDA DRIVERS LICENSE # ◇ FICTITIOUS NAME FILING

◇ FEDERAL EMPLOYEE / SS# CARD ◇ STATE LICENSE / SPECIALTY LICENSE

◇ ARTICLES OF INCORPORATION ◇ BUILDING OWNER AFFIDAVIT

ACCOUNT NUMBER: ☐☐ ☐☐ — ☐☐☐☐☐☐

	FEE CODE	DESCRIPTION	CHARGE
1.			$
2.			$
3.			$
4.			$
		CURRENT YEAR FEE	$
Notes:		PREVIOUS YEAR FEE	$
		PENALTY FEE	$
		TRANSFER FEE	$
		1/2 YEAR FEE	$
		TOTAL AMOUNT DUE	$