



THE CITY OF WESTON
 17200 ROYAL PALM BOULEVARD
 WESTON, FLORIDA 33326
 954-385-2000

BUSINESS TAX APPLICATION

1. MY BUSINESS INFORMATION

New Application Address Change Ownership Transfer Current BTR No.: _____

Business Name: _____

DBA (if applicable): _____

Business Address: _____

Weston, Florida Zip Code: _____ Is this a home address: Yes No

Local Contact Name: _____ Phone No.: _____ Fax No.: _____ Email: _____

Starting date of business at this location (Select the latest of the below dates):

State Filing _____

Issuance of a Certificate of Use _____

Effective date of your lease _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mailing Address Contact Name: _____ Phone No.: _____ Fax No.: _____

2. MY BUSINESS CATEGORY & TAX

Select Only One:

CATEGORY	TAX	
	FULL YEAR	PARTIAL YEAR
<input type="checkbox"/> Hotels, Motels, Apartments or Timeshares with 250 units or more	\$5,788.12	\$2,894.06
<input type="checkbox"/> Warehouse, Manufacturing Facility or Pharmacy with 50,000 Sq. Ft. or more	\$3,858.75	\$1,929.37
<input type="checkbox"/> Supermarkets	\$3,031.87	\$1,515.93
<input type="checkbox"/> Warehouse, Manufacturing Facility or Pharmacy between 20,000 – 49,999 Sq. Ft.	\$2,315.25	1,157.62
<input type="checkbox"/> Warehouse, Manufacturing Facility or Pharmacy between 10,000 – 19,999 Sq. Ft.; Apartments or Timeshares with 100-249 units; Hotels or Motels with 150-249 rooms; Country Clubs and Golf Course(s); Athletic/Fitness Club with Pool	\$1,378.12	\$689.06
<input type="checkbox"/> Limited Business: Home Occupation; Business with only a Post Office, Private Mail Box or Registered Office in the City	\$167.37	\$82.68
<input type="checkbox"/> Individual Professional To qualify please provide a valid General Business BTR Number at your location: _____	\$82.68	\$41.33
<input type="checkbox"/> General Business (all other Businesses)	\$248.06	\$124.02

3. MY DOCUMENTS

ALL applicants shall provide a current copy of required documents (please attach):

- Certificate of Use issued by Weston Building Code Services; information call (954) 385-0500.
Or, if sub-tenant
- Letter acknowledging the sub-tenant's use of Owner/Tenant's Certificate of Use
- Copy of the Owner/Tenant's Certificate of Use

The following applicants shall provide the following information in addition to the above (please attach):

- LICENSED PROFESSIONALS – Copy of current license from the Florida Department of Business and Professional Regulation.
- ATTORNEYS AT LAW & LAW FIRMS – Copy of The Florida Bar membership card.
- CONTRACTORS AND INSPECTORS - Proof of insurance and a copy of current Certificate of Competency.
- MOBILE FOOD VENDORS - Written approval for the operation of such a business from the Broward County Health Department.
- TERMITE AND PEST EXTERMINATORS - Proof of insurance and a copy of current State of Florida permit.

Fictitious Named Business shall provide (please attach):

- Copy of the applicant's current Fictitious Name Registration issued by the State
Or
- Signed written statement setting forth the reason that the applicant or new owner need not comply with the Fictitious Name Act.

4. MY CERTIFICATION

I hereby certify that all information given herein is true and accurate. I understand that providing false or misleading information on this application may subject me to criminal prosecution. I further understand that if there are any subsequent changes in the status of my business as stated above, that I will notify the City of Weston of such changes. I understand that the Business Tax Receipt expires on September 30 and must be renewed each year.

Applicant's Signature: _____ Date: _____
Print Name: _____ Title: _____

5. PAYMENT & MAILING INFORMATION

Please mail application, required documentation and payment to:

City of Weston
Business Tax
17200 Royal Palm Boulevard
Weston, FL 33326