Deerfield Beach
Florida

Business Tax Application

Dear New Business Owner,

The Business Tax Office welcomes you into the business community of Deerfield Beach. This package has been developed in an effort to provide answers to frequently asked questions about business tax receipts and miscellaneous phone numbers. Please be advised that this is meant only as an informational package. The City of Deerfield Beach governs in the event that the information in this package is inconsistent with the City Code.

The Business Tax Office hours are Monday through Friday, from 8:00 a.m. to 5:00 p.m. If we can be of further assistance to you please call us at (954) 480-4333 or e-mail us at web.BTR@Deerfield-Beach.com.

Submit Application to:
City of Deerfield Beach
Business Tax Office
150 NE 2nd Ave.
Deerfield Beach, FL 33441

General Business Tax Information

Contact the Planning & Zoning Division at 954-480-4206 to determine if the proposed use is permitted in the proposed location prior to filling out an application.

Business Tax Regulations

No person shall engage in, manage, or be in charge of any business, profession, or occupation until a City business tax receipt for the current year has been obtained for such business, profession, or occupation and the proper business tax has been paid.

Such business tax receipt shall be obtained on or before October 1st of each year, and always before engaging in any business, profession, or occupation, by making an application for a business tax. Such application shall be made by the owner, one of the partners, or an officer of the corporation.

Acquiring a business tax receipt does not preclude you from obtaining required inspections i.e. building, fire, zoning, etc.

Expiration of Full and Half Year Business Tax Receipts and Renewals

All business tax receipts issued shall expire on the 30th day of September of each year. No business tax receipt shall be issued for more than one year. For each business tax receipt obtained on October 1st through March 31st, the full tax for one year shall be paid, and for each business tax receipt obtained on April 1st through September 30th, one half (1/2) the full tax for one year shall be paid.

The City will begin sending renewal notices in July. However, if the renewal notice is not received, it is the responsibility of the business owner to ensure that their business tax receipt is renewed prior to September 30th of each year. Failure to receive a renewal reminder notice will not exempt business owners from paying any penalties for a late payment.

*****All businesses are required to post the business tax receipt on-site in a conspicuous place.*****

Miscellaneous Department Contact Information

1. Broward County Business Tax*
   Revenue Collection Division
   Governmental Center Annex
   (Ground Floor)
   115 S. Andrews Ave.
   Ft. Lauderdale, FL
   Phone: 954-765-4697
   www.broward.org

2. Division of Hotels & Restaurants
   (State License)
   Florida Department of Business &
   Professional Regulation
   5080 Coconut Creek Parkway,
   Suite A Margate, FL
   Phone: 850-487-1395
   www.myfloridalicense.com

3. Division of Alcoholic Beverages &
   Tobacco (State License)
   Florida Department of Business &
   Professional Regulation
   5080 Coconut Creek Parkway,
   Suite A Margate, FL
   Phone: 954-917-1350
   www.myfloridalicense.com

4. Department of Corporations/
   Fictitious Names
   Tallahassee, FL
   Phone: 850-488-9000/850-245-6058
   www.sunbiz.org

5. Florida Department of Revenue-
   State Sales Tax
   Florida Sunrise Tower
   3111 University Dr. Suite 511
   Coral Springs, FL
   Phone: 954-346-3000
   www.myflorida.com

6. Federal Employer I.D. Number (EIN)
   Phone: 800-829-4933 or
   800-829-3676
   www.IRS.gov

7. Department of Agriculture &
   Consumer Services
   Phone: 850-488-3022
   www.freshfromflorida.com

8. Better Business Bureau
   Phone: 800-834-1267
   www.bbb.org

9. Small Business Administration
   Phone: 305-536-5521
   www.sba.gov

10. Department of Business &
    Professional Regulations
    Phone: 850-487-1395
    www.myfloridalicense.com

City Staff Contact Information

- Planning & Zoning Division 954-480-4206
- Building Division 954-480-4250
- Economic Development/CRA 954-480-4317
- Engineering Division 954-480-4270
- Solid Waste 954-480-4386
- Utilities Billing 954-480-4276
- Code Enforcement 954-480-4241

***A Broward County Business Tax Receipt is also required in addition to a City of Deerfield Beach Business Tax Receipt.**

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BUSINESS TAX APPLICATION CHECKLIST

CHECKLIST
☐ Copy of Certificate of Use issued by the Planning and Zoning Division (required for all changes as well)
☐ Copy of applicant's drivers license (required for all changes as well)
☐ Copy of Florida Articles of Incorporation or Florida Fictitious Name Filing (required for all changes as well)
☐ Any and all other city, county, state licenses/certificates that may be required
OTHER REQUIREMENTS
Transfers of business location, name change and change of ownership are the only items that are charged the 10% Transfer fee - $25.00 MAXIMUM FEE. For change of ownership, the **ORIGINAL** Business Tax Receipt must be returned and must be signed and dated by the previous owner and indicate that all rights, interest, and title of the business is assigned to the new owner.
SPECIAL REQUIREMENTS BY BUSINESS TYPE
Assisted Living Facility (ALF): Copy of license from the Agency for Health Care Administration (AHCA)
Auto Body and Auto Repair: Copy of registration from FDACS, ASE or AATI certificate copies, and a copy of registration from Broward County Permitting, Licensing and consumer Protection Division.
Auto Dealership: Copy of motor vehicle dealer license from Florida DHSMV
Contractors: Copy of State License or Broward County Certificate of Competency and proof of Liability Insurance and Workman's Comp. (or workman's comp. exemption form from the State)
Dance Studios: Copy of registration from FDACS
Gas Stations: Proof of Liability Insurance and Workman's Comp. (or Workman's comp. exemption from the State)
Health Studios: Copy of registration from FDACS
Intrastate Movers and Moving Brokers: Copy of registration from FDACS and a copy of registration from the Broward County Permitting, Licensing and consumer Protection Division.
Medical, Dental & Acupuncture Facilities: Copy of the Biomedical Waste Permit from Broward County Department of Health.
Motorcycle Repair: Copy of registration from FDACS
Pawn Shops: Secondhand Dealer License and a copy of registration from FDACS
Pest Control: Copy of registration from FDACS
Pharmacists: Copy of license from the Florida Board of Pharmacy
Professionals: Copy of license from the Department of Business and Professional Regulation (Doctors, Attorneys, Massage Therapists, Accountants, Engineers, etc.)
Professional Surveyors and Mappers: Copy of registration from FDACS
Restaurants: License and Inspection Report (Div of Hotels & Rest.), Florida Food Managers Certificate.
Tattoo Studio: Copy of Tattoo Establishment License and Biomedical Waste Permit from Broward County Department of Health
Telemarketing: Copy of registration from FDACS
Travel Agency/Sellers: Copy of registration from FDACS

***Abbreviations: **(FDACS)** Florida Department of Agriculture and Consumer Services, **(ASE)** National Institute of Automotive Service Excellence, **(AATI)** American Advanced Technicians Institute Corporation, **(DHSMV)** Department of Highway Safety and Motor Vehicles

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Business Tax Application

Please Provide in Full the Following Information (Print or Type)

Section One: Type of Application

☐ New Business ☐ Change of Address ☐ Change of Name
☐ Change of Owner ☐ Add-On

Section Two: Form of Business

☐ LLC ☐ Individual ☐ Partnership ☐ Corporation ☐ Fictitious Name

Name of Partnership/Corporation:_____

If Partnership/Corporation, list names and addresses of partners or officers below:

Name	Address
1.	
2.	
3.	
4.	

Section Three: Business Information

Name of Business:_____

Business Address:_____

Suite/Bay#:_____ Business Phone:_____ Total Sq. Ft.:_____

Mailing Address:_____

# of Employees/Members:_____ # of Vehicles:_____ Federal ID #:_____

Leasing Agent:_____ Phone:_____

Emergency Contact Name_____ Phone:_____

Type of Business: Describe type of business in detail to enable the City to determine the proper classification for the tax receipt. Failure to provide accurate information could result in revocation of your business tax receipt and legal action.

_____

_____

_____

Section Four: Owner/Applicant Information-Personal Information

Name of Business Owner:_____

Name of Applicant:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Home/Cell Phone:_____

Driver's License #:_____ Date of Birth:_____

E-Mail:_____

Section Five: Business Operation Questions

Please provide the following information if applicable to your business.

Schools/Day Care	Quantity
Number of Pupils/Children	

Wholesalers	Amount
Inventory Dollar Amount	$

Rental Housing Units Includes Hotels, Motels, and Apartments	Quantity
Number of Units	

Manufactures/Assembling/ Processing	Quantity
Number of Employees	

Coin Operated Devices	Quantity
Number of Vending Machines	

Lawn Maintenance	Quantity
Number of Employees	

Restaurants			Quantity
Actual number of seats-Include all seats and bar stools			
Questions	**Yes / No**	**Questions**	**Yes / No**
Will alcoholic beverages be sold for on-premises consumption?		Number of Vehicles	
Will packaged alcoholic beverages be sold for off-premises consumption?		Is the proposed use a bakery?	
Will catering services be provided?		Will entertainment be provided?	
Will take-out service be provided?		Will a parking concession be provided?	
Will a drive-up window be installed?		Will automatic games and/or devices be provided?	
Will a delivery service be provided?			

I affirm that I have been made aware of the provisions of the City of Deerfield Beach Code Sections 1-15, 18-5 & 38-263 and that I will not open for business prior to paying for and receiving a business tax receipt. Should I do so, I am aware of the possible penalties which can include fines.

_____	_____	_____
Print Name	Signature	Date

Office Use-Classification Codes			
Classification Code	**Classification Description**	**Fee**	**Rate**
		$	
		$	
		$	
		$	
Control No.	**New Control No.**		
License No.	**New License No.**		