



TOWN OF DAVIE
BUSINESS TAX RECEIPT DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1112 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

BUSINESS TAX RECEIPT

INSTRUCTIONS: For each Business Name/Location in the Town of Davie, please complete an application. Once completed, return the application to the Business Tax Receipt Division located at Town Hall, Bldg. C.

APPLICANTS: COMPLETE FRONT PAGE ONLY. MUST BE LEGIBLE

BUSINESS NAME: _____

CORPORATION NAME: _____

SHOPPING CENTER/WAREHOUSE NAME: _____

BUSINESS STREET ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE: _____ **CELL:** _____

DESCRIBE TYPE OF BUSINESS: _____

BUSINESS IS: Corporation _____ Sole Proprietor _____ Partnership _____ LLC _____

Owner/Officer(s)	Home address	City/Zip	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Federal ID Number _____ **or Social Security Number** _____

Square Footage of Business At This Location: _____ **Office** _____ **Warehouse** _____

Number Of Full-Time Employees At This Location _____ **Part-Time Employees** _____

What Was Previous Use of Business Location _____

Industrial/Manufacturing Areas: Is your wastewater system Septic _____ Sewer _____

I understand that this is an application for an Business Tax Receipt in the Town of Davie and I may not conduct any business at this location until I have received the Business Tax itself. I further understand that this license, upon receipt, is valid until September 30, _____ and must be renewed before each October 1st.

Initial _____

Print Owner or Officers Name and Title

Signature of Owner or Officer