



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
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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 1<sup>st</sup>.

Initial \_\_\_\_\_

\_\_\_\_\_  
Print Owner or Officers Name and Title

\_\_\_\_\_  
Signature of Owner or Officer