



\$50- Processing Fee Required

Certificate of Use Application Part 1

Business Name: _____

Business Address: _____

Business Telephone Number: _____

Business Email: _____

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____

Applicant Email address: _____

Date the business opened or is expected to be opened: _____

Has the name of your business changed? Yes No If yes, what was the previous business name: _____

Business Description (Please list all activities conducted at your business):

Square Footage: _____

Name of prior tenant or business at this location (if applicable):

Type of Merchandise or Service:

Please list what will be displayed on your business' signage (If the sign will be in another language, we must have an exact translation in English provided below)

Total Dollar Value of Retail Inventory:

In the section below, please check "yes" or "no" to the following questions:

1. Do you have coin or token operated vending machines? **Yes No**
If yes, please list the type of machine (Vending, Washers, etc.) and how many.

2. Do you have gaming devices or arcade machines? **Yes No**
If yes, please list the type of machine(s) and how many.

3. Is the business involved with the sale or advertising of any motor vehicle? **Yes No**
4. Does the business operate trucks or other motor driven vehicles? **Yes No**
If yes, how many trucks/vehicles? _____
Where will the vehicles be stored? _____
5. Does the business, or its employees, use trucks or vehicles to deliver or sell merchandise?
Yes No If yes, how many? _____
6. Are any of these vehicles dedicated to mobile or street vending? **Yes No**
If yes, how many? _____
Please list the license plate number and VIN# for any vehicle used for mobile/street vending below

7. Will you practice clairvoyance, fortune telling, mind reading, faith healing, divine healing, astrology or phrenology, or, are you acting as a medium at this location?
Yes No
If yes, please describe _____
8. Will the business involve the sale of alcoholic beverages? **Yes No**
If yes, please check the appropriate boxes.
I will sell beer only **Yes No**
I will sell beer and wine **Yes No**
I will sell beer, wine, and liquor **Yes No**
9. Will alcoholic beverages be consumed on the premises? **Yes No**
10. Will you be sharing space within the building at the listed address? **Yes No**

11. If you are a professional, (i.e. doctor, lawyer, dentist, realtor, therapist, etc.), are you part of a group practice? **Yes No**
If yes, please list the name of the business _____
12. Is there a doctor on-site practicing medicine? **Yes No**
If yes, what type of doctor _____
Is the doctor prescribing medicine? **Yes No**
13. Does the business feature, promote, depict, or display any type of nudity? **Yes No**
If yes, please describe _____
14. Has the applicant ever had a Local Business Tax Receipt, Certificate of Use, or Occupation License suspended or revoked? **Yes No**
If yes, please explain _____
15. The hours of operation of my business will be: _____

AFFIDAVIT OF USAGE

I, _____ (Print your name), doing business as _____ (Print your business name), hereby certify, swear, or affirm that the premises located at _____ (Street address), for which I will seek a Certificate of Use and Local Business Tax Receipt, is limited to the following use(s):

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING USES THAT APPLIES TO YOUR BUSINESS. ALSO, ON THE LINES BELOW, WRITE THE SPECIFIC ACTIVITY THAT WILL BE CONDUCTED FOR EACH CATEGORY USE. ALL SECTIONS MUST BE COMPLETED.

- | | | |
|------------|-----------|--|
| Yes | No | Adult entertainment use _____ |
| Yes | No | Alcoholic beverage use _____ |
| Yes | No | Commercial recreation use _____ |
| Yes | No | Educational facility use _____ |

Yes	No	Food or beverage service use _____
Yes	No	Industrial use _____
Yes	No	Medical facility use _____
Yes	No	Office use _____
Yes	No	Personal services use _____
Yes	No	Public lodging use _____
Yes	No	Religious facility use _____
Yes	No	Residential use _____
Yes	No	Retail sales use _____
Yes	No	Special residential facility use _____
Yes	No	Transportation or utility use _____
Yes	No	Vehicular related use _____

I hereby acknowledge and affirm that I have candidly and fully identified all uses that are to be operated from the above-described address, and that only the above-identified use(s) shall operate from said address. I further acknowledge that the failure to candidly, accurately and fully identify all uses that are to be operated from the above-described address is grounds for a civil penalty and will result in the immediate denial or revocation of my certificate of use. I also understand that the operation of any use other than the use(s) identified above is grounds for the immediate denial or revocation of the Certificate of Use. I further understand that if there are any changes in the operation of my business as stated in this affidavit subsequent to the opening of my business, that I will agree to file the necessary application(s) and affidavit(s) and seek prior approval from the City of Lauderhill for any such changes. Failure to obtain the necessary prior approval will result in the immediate revocation of my certificate of use. I further understand that the issuance of a Local Business Tax receipt is contingent on the approval of a Certificate of Use and on compliance with all building and zoning ordinances of the City of Lauderhill, and that this compliance must be maintained. Failure to maintain compliance will be cause for revocation of the Certificate of Use.

If a background investigation of any applicant for a Certificate of Use or Local Business Tax Receipt is required, as pursuant to the Code of Ordinances, Chapter 12, Business Regulations, the applicant shall be required to reimburse the City for the cost of the investigation prior to the issuance of the Certificate of Use or Local Business Tax Receipt. Alternatively, if a background investigation of an applicant results in the denial or revocation of a Certificate of Use or Local Business Tax Receipt, said applicant or business owner shall be required to reimburse the City for the costs of the investigation.

I additionally acknowledge that both the Certificate of Use and the Local Business Tax Receipt expire September 30th of each year and must be renewed by this date; otherwise, the City of Lauderhill will undertake such actions as is specified in the Code of Ordinances.

Applicant Signature

Signature Date

THIS DOCUMENT MUST BE NOTARIZED

State of Florida
County of _____

The foregoing instrument was acknowledge before me this _____ day of _____, _____, by _____, who is personally known to me or who has produced _____ as identification.

_____, Notary Public
Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Commission No. _____

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

YOU WILL BE CONTACTED BY THE BUSINESS TAX DIVISION ONCE THE CERTIFICATE OF USE APPLICATION IS APPROVED. PLEASE CONTACT 954-730-3092 OR 954-714-1529 FOR BUSINESS TAX QUESTIONS.

FOR OFFICE USE ONLY:

The business above is classified as _____

_____ for zoning purposes.

Will the business require a special exception to operate at this location? YES NO

Additional Comments _____

APPROVED	APPROVED WITH CONDITIONS	DENIED

Planning & Zoning: _____ Date: _____		