Swap Shop Retail Certificate of Use Application

City of Lauderhill, 5581 W. Oakland Park Boulevard, Lauderhill, FL 33313
Phone: 954-730-3030
Please email questions to customer_service@lauderhill-fl.gov or call 954-730-3030.
City of Lauderhill Website: https://www.lauderhill-fl.gov/

Before an applicant can obtain a Local Business Tax Receipt, it is necessary to first apply for a Certificate of Use. **$55.13 non-refundable processing fee in addition to the current year's Business Tax Fees must be paid at the time the application is submitted.**

The following documents must accompany your application:

- Copy of Driver's License
- Copy of Swap Shop Rental Receipt
- Articles of Incorporation, or Fictitious Name Certificate, as applicable

Swap Shop Retail Fees:

- $27.56-(BDF) - Business Development Fee, plus
- $255.26-(24M) Retail Merchant Fee inventory value up to $10,000, **OR**
- $510.51-(32M) Retail Merchant Fee inventory value $10,001 to $100,000, **OR**
- $893.40(36M) Retail Merchant Fee- inventory value greater than $100,000

If your business is regulated by the State, and requires a professional license and is not a retail business…. STOP. You must complete COMMERCIAL CERTIFICATE OF USE APPLICATION.

Please check all that apply.

COU App. #:_____

❑ **NEW BUSINESS**
(OPENING DATE)_____

❑ **EXISTING BUSINESS**
(DATE ESTABLISHED)_____

❑ **CHANGE OF OWNERSHIP**

❑ **LOCATION CHANGE**
(WITHIN LAUDERHILL)

❑ **BUSINESS NAME CHANGE**

❑ **Processing Fee - $55.13**
Non-refundable

❑ **Notary Services - $10.00**

Staff Initials _____

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BUSINESS/PROPERTY INFORMATION

Business Name (Last Name, First Name): _____

Business Address: _____

SWAP SHOP Section #_____ Booth #_____

Business Telephone Number: _____

Business Email Address: _____

Is the business MWBE (Minority Business Women Enterprise) certified? Yes _____ No _____

CONTACT INFORMATION

Applicant Name (Last Name, First Name): _____

Mailing Address: _____

Applicant Telephone Number: _____

Applicant Email Address: _____

Relationship of Applicant to Business: _____

Authorized to act on behalf of business? (Provide documentation, if applicable): Yes _____ No _____

Please read the section below carefully before signing

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 use(s) identified in this application 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 and closure of my business.

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 and closure of my business.

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. **Please be advised that the business is not allowed to open for business until a Certificate of Use has been approved by the City of Lauderhill and a Local Business Tax has been issued. The business is subject to immediate closure without notice if the terms stated herein are violated.**

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 understand that all signage related to my business is subject to Schedule I of the Lauderhill Land Development Regulations and generally requires city approval and a permit before it can be legally placed on or in my business.

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**. As such, on October 1st, a 10% penalty will be assessed, an additional 5% on November 1st, 5% on December 1st and 5% on January 1st of the fiscal year.**

By signing below I acknowledge that pursuant to Code Section 12-50, if payment for all local business taxes, fees and penalties due are not received in full by December 1, a lien shall be filed against the subject property, the person and/or both as applicable and shall be recorded in the Official Records of Broward County, Florida. I further acknowledge that pursuant to Florida Statutes, 205.053, 166.201, and Code 12-50, I am responsible for any unpaid balance in addition to all collection fees, attorney's fees, and administrative fees necessary for collection efforts regarding my lien.

By signing this application, I understand that if the rental property is sold or transferred, I am responsible for notifying the City of Lauderhill, Business Tax Division in writing of the change of ownership. In addition, I must provide proof of ownership change and I understand that I will be responsible for all Local Business Tax fees owed on the account.

_____ _____

Applicant Signature **Signature Date**

THIS DOCUMENT MUST BE NOTARIZED

State of _____

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 Commission No. _____

Signature of Notary Public

_____ Name of Notary Typed, Printed or Stamped