



# City of Cooper City

## Local Business Tax Receipt: Introduction Additional Professional

Dear business owner,

Welcome to the City of Cooper City! As the Building Department, we wish to inform you that we will be guiding you through the Local Business Tax Receipt process.

As per Florida Statutes Chapter 205, "The governing body of an incorporated municipality may levy, by appropriate resolution or ordinance, a business tax for the privilege of engaging in or managing any business, profession, or occupation within its jurisdiction." For a more detailed description of the process, please feel free to read Florida Statutes, Chapter 205 and also the City of Cooper City's Code of Ordinances, Chapter 9.

Outlined below are the different departments involved in reviewing and approving Local Business Tax Receipt applications, although, please keep in mind that Home-based businesses will only be reviewed by the Police Department.

### **BUILDING DEPARTMENT**

Aside from assisting with the Local Business Tax Receipt submittal process, the Building Department is also involved in the building permitting and inspection process. The inspection process includes Pre-Inspections, which all commercial locations are subject to; if occupying a previously leased commercial space.

For any inquiries on the Building Department's involvement on the matter please contact:

**City of Cooper City: Building Department**  
(954) 434-4300, Ext: #230  
BizTax@CooperCityFL.org

### **PLANNING & ZONING DEPARTMENT**

The Planning and Zoning Department reviews Local Business Tax Receipt applications to ensure that the applying businesses meet the permitted use of the proposed commercial locations. The Planning and Zoning Department is also involved in the review of some Commercial Building Permits such as permits for signs and commercial exterior projects.

For any inquiries on the Planning and Zoning Department's involvement, please contact:

**Jason Chockley**  
(954) 434-4300, Ext: #226  
JChockley@coopercityFL.org

## **FIRE DEPARTMENT**

The Broward Sheriff's Office assists the City of Cooper City's Local Business Tax Receipt process by ensuring the safety of our local business owners, employees, and customers by performing commercial Pre-Inspections and Annual Fire Inspections. These inspections cover both profit and non-profit commercial organizations. These Fire Inspection costs are collected through the Tax Receipt process, even if the organization is exempt from paying the Tax Receipt fee. If interested in BSO's Fire Fee Schedule, please feel free to review Section 43.55 of Part XIII of the Broward County Administrative Code.

For any inquiries on the Fire Department's role with the Tax Receipt process please contact:

**Reyna Valera**

Administrative Specialist II  
(954) 432-8905  
Reyna\_Valera@sheriff.org

**Victor Elios**

Broward Sheriff's Office - Fire Inspector  
(954) 432-8905  
Victor\_Elios@sheriff.org

## **POLICE DEPARTMENT**

The Broward Sheriff's Office also assists the City of Cooper City's Local Business Tax Receipt by performing Local Background Checks on the owners, officers, and/or agents listed on the business' State of Florida Articles of Incorporation and/or Fictitious Name Registration. For a reference on the matter please feel free to read the City of Cooper Code of Ordinance, Section 9-2(e).

For any direct questions on the Police Department's role with Tax Receipts, please contact:

**Anna Gontko**

(954) 435-2200, Ext: 268  
Anna\_Gontko@sheriff.org

On behalf of all our participating departments, we would like to thank you for your involvement in the Local Business Tax Receipt process and would like to sincerely wish your business the best.

Sincerely,



City of Cooper City  
Building Department



# City of Cooper City

## Local Business Tax Receipt Checklist: Additional Professional

*As per City of Cooper City Code, Sec. 9-4: A separate and additional business tax receipt shall be required for each category of business run out of any single location, and for each person engaged in such occupation or profession at such location. Receipts, when issued shall be for a one year period, beginning October 1 and ending the following September 30, or for any portion of said time period.*

**Illegible or incomplete applications will not be accepted. If possible, please download and digitally fill out the PDF version of the application, and its corresponding documents, available online at <http://www.coopercityfl.org/>.**

- ☞ An appointment is required for Local Business Tax Receipt submittals. Appointment set-ups and inquiries can all be forwarded to **(954) 434-4300 Ext: #230** and/or [BizTax@CooperCityFL.org](mailto: BizTax@CooperCityFL.org).
- ☞ Submittals **must** be performed in-office at **9090 SW 50 Place Cooper City, FL 33328**.
- ☞ If applicable, a copy of the up-to-date **ARTICLES OF INCORPORATION**. Can be retrieved and printed at <http://www.sunbiz.org/search.html>.
- ☞ If applicable, a copy of the up-to-date **FICTITIOUS NAME REGISTRATION**. Can be retrieved and printed at <http://www.sunbiz.org/search.html>.
- ☞ Please fill out (1) **FDLE CRIMINAL HISTORY INFORMATION REQUEST** and (1) **LOCAL CRIMINAL BACKGROUND CHECK** per registered owner/officer. Background checks are \$30.00 per individual.
- ☞ A copy of the **DRIVER'S LICENSE** for the professional.
- ☞ If applicable, a copy of required **STATE LICENSURE/CERTIFICATIONS**.
- ☞ If applicable, a copy of the professional's **FEDERAL ID NUMBER (FEIN)**. If an FEIN Number is not available, the professional's Social Security Number may be used in its place.

Upon completion and submittal of all required documents, your application will be sent to the Police, Fire, Zoning, and Building Departments for approval. You may be contacted by any of these department officials if additional information is required. Any applicant with a criminal history must provide an arrest report for each incident from the arresting agency as well as final court depositions. It is up to the applicant to obtain and submit this documentation.



# Local Business Tax Receipt Application

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New: Commercial          | <input type="checkbox"/> New: Home/Restricted  | <input type="checkbox"/> Exempt                  |
| <input type="checkbox"/> Transfer of Location     | <input type="checkbox"/> Transfer of Ownership | <input type="checkbox"/> Expansion               |
| <input type="checkbox"/> Additional Business Line | <input type="checkbox"/> Business Name Change  | <input type="checkbox"/> Additional Professional |

<b>Business Name:</b>					
<b>Fictitious Name:</b>					
<b>Type of Organization:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<b>FEIN Number:</b>			<b>Number of Employees:</b>		

<b>Business Address:</b>			<b>Sq. Feet:</b>		
Address:			Suite(s):		
City:		State:		Zip Code:	
Business Telephone:					
Business E-Mail:					
Business Website:					

**Please describe business operations. If space is insufficient, please attach a *Business Description Affidavit*.**

**Office Use Only**

<b>LBTR Year:</b>			<b>LBTR Number:</b>		
<input type="checkbox"/> Full Year	<input type="checkbox"/> Half Year	<b>Application Date:</b>		<b>Expiration Date:</b>	
<b>LBTR Fee:</b>		<b>Fire Fee:</b>		<b>Payment Conf. #:</b>	

**I hereby certify that this application has been reviewed and approved by the Building, Growth Management, Fire and Police Departments.**

**Approval Signature:** \_\_\_\_\_ **Approval Date:** \_\_\_\_\_

**Building Official**

**Community Assembly Addendum required?**  Yes  No

- Required for organizations that hold instructional use classes, events, banquet halls, church services, etc.

<b>Mailing Address:</b>			
Address:		Suite(s):	
City:		State:	Zip Code:

**Former Business Owner's Name and Former Business Location (If Applicable):**

Former Business Owner's Name:			
Former Business Address:		Suite:	
City:		State:	Zip Code:

<b>1</b>	<b>Owner/Officer's Name:</b>		<b>Owner's Telephone:</b>	
	<b>Owner/Officer's Address:</b>			Suite:
	City:		State:	
	Owner/Officer's E-Mail:			

<b>2</b>	<b>Owner/Officer's Name:</b>		<b>Owner's Telephone:</b>	
	<b>Owner/Officer's Address:</b>			Suite:
	City:		State:	
	Owner/Officer's E-Mail:			

<b>3</b>	<b>Owner/Officer's Name:</b>		<b>Owner's Telephone:</b>	
	<b>Owner/Officer's Address:</b>			Suite:
	City:		State:	
	Owner/Officer's E-Mail:			

<b>4</b>	<b>Owner/Officer's Name:</b>		<b>Owner's Telephone:</b>	
	<b>Owner/Officer's Address:</b>			Suite:
	City:		State:	
	Owner/Officer's E-Mail:			

<b>5</b>	<b>Owner/Officer's Name:</b>		<b>Owner's Telephone:</b>	
	<b>Owner/Officer's Address:</b>			Suite:
	City:		State:	
	Owner/Officer's E-Mail:			

<b>6</b>	<b>Owner/Officer's Name:</b>		<b>Owner's Telephone:</b>	
	<b>Owner/Officer's Address:</b>			Suite:
	City:		State:	
	Owner/Officer's E-Mail:			

**I certify that the foregoing answers are true to the best of my knowledge and understand that this application is not an authorization to open any business until the receipt herein applied for is issued:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Note: If signed by someone other than a registered owner, officer, or agent, please attach a Letter of Authorization in which the signee is authorized to sign and edit Local Business Tax Receipt documentation on behalf of the organization.)



# Local Criminal Background Check

City of Cooper City  
 Local Business Tax Receipt Application  
 P.O. Box 290910  
 Cooper City Florida 33329-0910  
 (954) 434-4300, Ext: #230

**In accordance with City of Cooper City Ordinance No. 95-9-7, Chapter 9, Section 9-3(e), the Building Department is requesting a local criminal background check on the following Local Business Tax Receipt applicant:**

Business Name:				
Fictitious Name:				
Address:			Suite:	
City:		State:		Zip Code:
Business Telephone:		Business E-Mail:		

**Have you ever been arrested?**     **Yes**     **No**

**If yes,** please list (1) Date and Charge(s) (2) Arresting Agency Name and Location (3) Court Disposition and (4) Be prepared to provide any requested documents pertaining to arrest(s) and disposition(s).

## Criminal Background Check Request

First Name:		Middle Name:		Last Name:	
Maiden Name/Aliases/Nickname(s):					
Race:		Sex:		Date of Birth:	
SSN:					
Home Address:			Suite:		
City:		State:		Zip Code:	

**----- Office Use Only -----**

The records indicate:

1. No Record Found                      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Criminal Record Found              Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (See Attached Documentation)

Reviewed by Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_



# FDLE Criminal History Information Request

City of Cooper City  
 Local Business Tax Receipt Application  
 P.O. Box 290910  
 Cooper City Florida 33329-0910  
 (954) 434-4300, Ext: #230

The City of Cooper City requires a payment in the amount of **\$30.00** dollars, per Owner/Officer/Partner, to conduct an FDLE criminal background check for each applicant.

Business Name:				
Fictitious Name:				
Address:			Suite:	
City:		State:		Zip Code:
Business Telephone:		Business E-Mail:		

## **Criminal Background Check Request**

First Name:		Middle Name:		Last Name:	
Maiden Name/Aliases/Nickname(s):					
Race:		Sex:		Date of Birth:	
SSN:					
Home Address:			Suite:		
City:		State:		Zip Code:	

### Required Information

**Name** – Complete Name of Person      **Sex** – Male or Female      **Date of Birth**

**Race** – White, Black, American Indian, Alaskan, Asian or Pacific Islander

- Please Indicate Hispanic Persons as White or Black Based on Skin Color -