



City of Cooper City

Local Business Tax Receipt: Introduction Business Name Change

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: Business Name Change

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**.
- ☞ A copy of the **updated ARTICLES OF INCORPORATION**. Can be retrieved and printed at <http://www.sunbiz.org/search.html>.
- ☞ If applicable, a copy of the **updated FICTITIOUS NAME REGISTRATION**. Can be retrieved and printed at <http://www.sunbiz.org/search.html>.
- ☞ Please provide a completed **BUSINESS INFORMATION FORM** with the new business name.
- ☞ A copy of the **DRIVER'S LICENSE** for each owner, officer, partner, professional, and/or shareholder. The District/Store Manager may be required to provide their Driver's License.
- ☞ A copy of the business **FEDERAL ID NUMBER (FEIN)** with the updated business name.
- ☞ Please provide a completed **FIRE INSPECTIONS: COMMERCIAL LOCAL BUSINESS TAX RECEIPT REQUEST** form. Commercial locations must pay for annual Fire Inspections. The amount paid varies upon the locales square footage.
- ☞ If applicable, a copy of required **STATE LICENSURE/CERTIFICATIONS** with the updated business name.
- ☞ Contractors will require proof of **LIABILITY** and **WORKER'S COMPENSATION/EXEMPTION** insurance with the updated business name.
- ☞ If applicable, submit the business' **FLORIDA ANNUAL RESALE CERTIFICATE FOR SALES TAX** with the updated business name.
- ☞ If organizing instructional use classes, events, banquet halls, church services or other such events, please fill out the **ZONING COMMUNITY ASSEMBLY ADDENDUM** form.
- ☞ For businesses operating under a **FRANCHISE AGREEMENT**, please provide a copy of the Agreement.

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 |

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

| | | | | | | |
|--------------------------|--|--------|--|------------------|--|--|
| Business Address: | | | | Sq. Feet: | | |
| 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

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

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.

| | | | |
|-------------------------|--|-----------|-----------|
| Mailing Address: | | | |
| 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: |

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

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

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

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

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

| | | | | |
|----------|---------------------------------|--|---------------------------|--------|
| 6 | Owner/Officer's Name: | | Owner's Telephone: | |
| | Owner/Officer's Address: | | | 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.)



BUSINESS INFORMATION FORM

Please return to your District office upon completion.

Date: _____

Business Name: _____

Address: _____

Phone: _____ Facsimile: _____

Internet Address: _____ Email Address: _____

Owner: _____ Manager: _____

Alarm Company: _____

Alarm Company Phone: _____

Corporate Office Address: _____

Phone: _____

EMERGENCY CONTACT: In the event of an emergency after hours, please contact:

Name: _____

Phone: _____ Cell: _____ Pager: _____

Does this person maintain keys to the business: Yes No

Name: _____

Phone: _____ Cell: _____ Pager: _____

Does this person maintain keys to the business: Yes No

Name: _____

Phone: _____ Cell: _____ Pager: _____

Does this person maintain keys to the business: Yes No

Is there a safe kept on the premises: Yes No What lights are left on after hours: _____

Who is permitted into business after hours? (i.e. cleaning crew, etc.) _____

Are there any specific security measures on your premises we should know about? If so, what are they?

Print Name: _____ Signature: _____



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 -

City of Cooper City

Fire Inspections: Commercial Local Business Tax Receipt Request

In order to expedite your request for a City of Cooper City Local Business Tax Receipt, we wish to advise you of some of the requirements for the approval of the "Fire" portion of your application.

Pursuant to City Code, upon application for a Local Business Tax Receipt, a fire inspection must be conducted by a certified fire inspector. After issuance of your Tax Receipt, the fire inspector shall inspect the premises as often as necessary, but not less than once every year. If the inspection fails, the applicant will be notified and compliance must be met before a renewal receipt will be issued.

Any business that fails its initial fire inspection shall be charged a re-inspection fee as outlined in Section 12-7 of the Cooper City Code. Additionally, pursuant to the Fire Prevention and Life Safety Code, a business failing to pass their fire inspection after the fourth re-inspection, may be ordered to cease operations until said violations have been corrected to the satisfaction of the fire marshal.

AREAS OF INSPECTIONS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- 1) Fire Extinguisher (Proper Type and Size).
- 2) Electric hard wired smoke detectors and related fire alarm signaling devices.
- 3) Emergency lighting which must have a battery back-up source in the event of a power failure.
- 4) Lighted exit signs with power back-up.
- 5) Doors and corridors will be inspected to ensure compliance to egress codes.
- 6) Hood extinguishers systems, internal fire alarm system and sprinkler systems. (If applicable to the business).
- 7) Compliance to fire and life safety codes that pertain to your specific type of business.

You may contact the Fire Prevention Bureau at (954) 432-8905 to arrange your initial fire inspection or to address any questions you may have concerning inspections. For information on the Local Business Tax Receipt process, contact the City of Cooper City Building Department at (954) 434-4300, Ext: #230.

I understand and agree to comply with the above requirements:

Signature: _____ **Date:** _____

Print Name: _____

| | | | |
|-------------------------|--|--|--|
| Business Name: | | | |
| Fictitious Name: | | | |

| | | | |
|----------------------------|---------------|------------------|--|
| Address: | | Sq. Feet: | |
| City: | State: | Suite(s): | |
| Business Telephone: | | | |
| Business E-Mail: | | | |