



City of Cooper City

Local Business Tax Receipt: Introduction New - Home/Restricted Business

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.

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: Home/Restricted Business

As per City of Cooper City Code, Sec. 9-7: (a) *Notwithstanding any provision to the contrary herein contained, certain businesses professions, or occupations may be conducted within a residentially-zoned area on a restricted basis for which a restricted business tax receipt may be issued by the city when the owner of such business has secured a restricted approval from the city subject to the city land use plan, the code of ordinances and provisions and limitations herein contained.*

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 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 provide the original signed and notarized **HOME BUSINESS TAX RECEIPT AFFIDAVIT**.
- ☞ 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 each owner, officer, partner, professional, and/or shareholder.
- ☞ A copy of the business **FEDERAL ID NUMBER (FEIN)**. If an FEIN Number is not available, the business owner's Social Security Number may be used in its place.
- ☞ If applicable, a copy of required **STATE LICENSURE/CERTIFICATIONS**.
- ☞ Contractors will require proof of **LIABILITY** and **WORKER'S COMPENSATION/EXEMPTION** insurance.
- ☞ If applicable, submit the business' **FLORIDA ANNUAL RESALE CERTIFICATE FOR SALES TAX**.

Upon completion and submittal of all required documents, your application will be sent to the Police Department for approval. You may be contacted 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.)

CITY OF COOPER CITY RECOMMENDATIONS FOR HOME BUSINESS TAX RECEIPT REQUEST

9090 SW 50th Place Cooper City, Florida 33328 ~ (954)434-4300

Applicants must agree to the following provisions as outlined in Section 9-7 of the Cooper City Code and are required to initial every restriction, signifying the applicant's understanding of each.

1. No sign of any type may be posted on the premises, indicating the residence is being used as or for a restricted professional or occupational use. No vehicles bearing any signs shall be permitted on a premise, except within an enclosed garage in a manner which makes it impossible to be seen from a public right of way.

(initial)

2. The resident must not use the premises, including improvements thereon, for the creation, storage, distribution, repair or sale of any merchandise or goods which would be visible from any location off the premises.

(initial)

3. No employees of any type are permitted on the premises in connection with the authorized use for which this business tax receipt is issued, except immediate members of the business owner's family, this shall be limited to spouse and children who reside on the premises where the license is issued.

(initial)

4. No pick-ups or deliveries may be made to or from the residence except by the business owners or his/her employees (as described in item 3).

(initial)

5. No noise, smoke, odors or nuisance of any type shall arise from the conduct of the business to be receipted.

(initial)

6. The applicant shall not cause or permit any traffic that will interfere or disrupt the normal traffic flow for street use in the neighborhood.

(initial)



City of Cooper City Home Business Tax Receipt Affidavit

9090 SW 50th Place Cooper City, Florida 33328 - (954)434-4300, Ext: #230

AFFIDAVIT

I, _____, have received a copy of subsection (b), Chapter 9-7 of the Cooper City Code. I understand the City reserves the right to suspend my license for violations of the regulations contained in said subsection (b). I further understand I have the right to an administrative hearing to show just cause why my business tax receipt should not be suspended.

Applicant Print Name: _____ Date: _____

Application Signature: _____

STATE OF FLORIDA
COUNTY OF BROWARD

Before me this day personally appeared _____;
who, being first duly sworn, deposes and states he/she has read and acknowledged the provisions of Chapter 9-7 (b) of the Cooper City Code of Ordinances relative to the suspension of business tax receipt and the rights of the license holder(s) hereunder.

Notary Print Name: _____ Date: _____

Notary Signature: _____

(STAMP)



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 -