City of Cooper City

Local Business Tax Receipt: Introduction Retail

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, option 5
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 Varela
Administrative Specialist II
(954) 432-8905
Reyna_Varela@sheriff.org

Roger Gonzalez
Broward Sheriff's Office - Fire Inspector
(954) 432-8905
Roger_Gonzalez@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: Retail

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 option 5** and/or **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 **FICTITOUS NAME REGISTRATION**. Can be retrieved and printed at http://www.sunbiz.org/search.html.
- Please provide a completed **BUSINESS INFORMATION FORM**.
- A copy of the **DRIVER'S LICENSE and/or any other government issued ID** for each owner, officer, partner, professional, and/or shareholder. The District/Store Manager may be required to provide their Driver's License and/or any other government issued ID.
- 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.
- 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**.
- For previously occupied commercial spaces, **PRE-INSPECTIONS** are required by the Fire and Building Departments. The cost for this pre-inspection is $260.00.
- If applicable, where Retail/Wholesale stock is sold, please submit a notarized **AFFIDAVIT OF INVENTORY** form. If not available in the packet, the form will be available at the time of submission.
- If applicable, submit the business **FLORIDA ANNUAL RESALE CERTIFICATE FOR SALES TAX**.
- If organizing instructional use classes, events, banquet halls, church services or other such events, please fill out the **ZONING COMMUNITY ASSEMBLY ADDENDUM** form.

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.

Local Business Tax Receipt Application

☐ New: Commercial	☐ New: Home/Restricted	☐ Exempt
☐ Transfer of Location	☐ Transfer of Ownership	☐ Expansion
☐ Additional Business Line	☐ Business Name Change	☐ Additional Professional

Business Name:			
Fictitious Name:			
Type of Organization:	☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Propietorship ☐ Other		
FEIN Number:		**Number of Employees:**	

Business Address:				**Sq. Feet:**	
Address:				Suite(s):	
City:		State:		Zip Code:	
Business Telephone:					
Business E-Mail:					
Business Website:					

Mailing Address:					
Address:				Suite(s):	
City:		State:		Zip Code:	

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

***Community Assembly Addendum* required?** ☐ **Yes** ☐ **No**

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

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:				

Former Business Owner's Name and Former Business Location (<u>If Applicable</u>):

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

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
Affidavit of Inventory

STATE OF FLORIDA, COUNTY OF BROWARD} Tax Receipt #:_____

Before me, the undersigned authority, personally appeared

_____

To me known and known to be the person executing this affidavit and states as follows:

1. Name of Business: _____

2. Located At: _____
   _____
   _____

3. That he/she is the _____
   (President, Owner, Agent, Director, Etc.)

Of the above described business and makes this Affidavit of His/Her personal knowledge.

4. That the value of stock of this business is not greater than: $_____

Signature: _____Date: _____

SWORN TO AND SUBSCRIBED before me this _____
Day of _____, 20_____, at Cooper City, Broward County Florida.

_____
NOTARY PUBLIC, STATE OF FLORIDA

_____
(Print Name of Notary Public)
_____ Personally Known
_____ Produced Identification
Type of identification produced:
_____

BUSINESS INFORMATION FORM

Please TYPE or PRINT your information and return this form to the
BSO Cooper City District upon completion or fax to 954-436-7336

Date: _____

Business Name: _____

Address: _____

_____

Phone: _____ Facsimile: _____

Website Address: _____ Email Address: _____

Owner: _____ Manager: _____

Cell Phone Contact: _____ Cell Phone Number: _____

Alarm Company: _____

Alarm Company Phone: _____

Corporate Office Address: _____

Phone: _____

****

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

Name: _____

Phone: _____ Cell: _____ Email: _____

Does this person maintain keys to the business: ☐ Yes ☐ No

Name: _____

Phone: _____ Cell: _____ Email: _____

Does this person maintain keys to the business: ☐ Yes ☐ No

Name: _____

Phone: _____ Cell: _____ Email: _____

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: _____

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:	

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