

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)

7. No clients and/or customers shall be permitted to visit the business location at any time.

(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)