

City of Parkland
6600 University Drive, Parkland, FL 33067
(954) 753-5040 Fax (954) 341-5161

HOME OCCUPATIONAL LICENSE APPLICATION 2007/2008

(Please Print)

Business Information

Name of Business: _____

_____ Sole Proprietor _____ Partnership _____ Corporation

DBA/Fictitious name (if any): _____

FEIN: _____ FL. Sales Tax #: _____

Type of Business: _____

Address of Business: _____

Mailing Address _____

Business Phone: _____ Home Phone: _____

Emergency Name: _____ Emergency Phone: _____

Business Details

Date Business Opened: _____

* Hours of Operation _____ email address _____

* Day Care: Family Child Care Home Inspection Report Approval Date _____

Home Office

Home Office Square Footage: _____ (Attach floor plan showing office location)

Note: Home occupations may also be regulated or prohibited by applicable Homeowner Association regulations.

*There shall be no person employed in the home occupation who is not a permanent resident of the dwelling unit in which the home office exists.

*There shall be no display of goods, machinery, equipment, or shall there be any signage.

*No Home occupation shall generate or attract traffic to a residence.

Name of Applicant: _____
(Please Print)

Title: _____

Drivers License # _____

SS# _____

Signature of Applicant: _____

Date: _____

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to and subscribed before me this ____ day of _____, 20__, by _____
Who is personally known _____ OR Produced Identification _____
Type of Identification Produced _____

Signature of Notary

Stamp/Seal

Attachments Required

- ___ Family Child Care Home Inspection Report
- ___ Broward County Health Permit
- ___ Proof of ownership/tenancy
- ___ Broward County Competency Certificate
- ___ Insurance Certificate
- ___ State Registration Certificate
- ___ Broward County Occupational License
- ___ FI Driver's License (with updated address)
- ___ Lease Agreement

- ___ FS 255.171 DAV Exemption
- ___ State Certification
- ___ Professional License
- ___ State Beverage License
- ___ Fictitious Names
- ___ Articles of Incorporation
- ___ Health Department Insp.
- ___ Federal Employer ID No.
- ___ Hotel/Restaurant Inspection

Office Use Only

License #: _____ Lot & Block: _____ Subdivision: _____

Code Section: _____ Zoning District: _____ Use: _____

Zoning Inspection Approved: _____ Denied: _____ Date: _____

Add penalty of 10% after October 1; 15% after November 1; 20% after December 1; 25% after January 1

License Fee Classification	# _____	\$ _____
Zoning	# _____	\$ _____
<u>Total Amount Due:</u>		\$ _____

A one time, non-refundable fee of \$30.00 will be charged for Zoning on all new applications.

SUBJECT: FICTITIOUS NAME ACT: “FS 865.09”

(1) I _____

Declare that I, have registered with the Division of Corporations of the Department of State, for the Fictitious Name Act.

(2) I do not have to comply with the Fictitious Name Act because:

FAILURE TO COMPLY WITH THE FICTITIOUS NAME REGISTRATION PROVISIONS OF SECTION 865.09, FLORIDA STATUTES, IS A MISDEMEANOR OF THE SECOND DEGREE AND PUNISHABLE AS PROVIDED IN SECTION 775.082 OR SECTION 775.083, FLORIDA STATUES.

I UNDERSTAND THAT BY SIGNING THIS FORM, THAT IF ANY OF THE ABOVE IS NOT TRUE, I WILL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Signature

Date