

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

**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: \_\_\_\_\_      Number of Employees \_\_\_\_\_

\* Hours of Operation \_\_\_\_\_      email address \_\_\_\_\_

\* Restaurant/Eating Establishments (attach floor plan) \_\_\_\_\_ # of Seats

\* Professional (provide copy of License) \_\_\_\_\_ # of Professionals

\* Provide total Square Footage \_\_\_\_\_

\* Day Care: Family Child Care Home Inspection Report Approval Date \_\_\_\_\_

\* Provide name of Company hauling Recyclable materials \_\_\_\_\_

\* Are there coin operated merchandise in service or amusement machines on premises:

Yes \_\_\_      No \_\_\_      # \_\_\_      Type \_\_\_\_\_

**Owner Information**

Please provide this information if you are **not** the owner of the property of which you are conducting business.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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                           | ___ FS 255.171 DAV Exemption              |
| ___ Broward County Health Permit                                       | ___ State Certification                   |
| ___ Proof of ownership/tenancy   | ___ Professional License                  |
| ___ Broward County Competency Certificate                              | ___ State Beverage License                |
| ___ Insurance Certificate  | ___ Fictitious Names                      |
| ___ State Registration Certificate                                     | ___ Articles of Incorporation             |
| ___ Broward County Occupational License                                | ___ Health Department Insp.               |
| ___ Fl Driver's License (with updated address)                         | ___ Federal Employer ID No.               |
| ___ Lease Agreement  | ___ Hotel/Restaurant Inspection           |
| ___ Agriculture Exemption  | ___ Sketch/Survey of Agriculture Property |
| ___ Development Review Form DUPR<br>(If vacant for more than 6 months) |   |

**Office Use Only**

License #: \_\_\_\_\_ Lot & Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Code Section: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Use: \_\_\_\_\_

Fire Inspector    Approved: \_\_\_\_\_    Denied: \_\_\_\_\_    Date: \_\_\_\_\_

Zoning            Approved: \_\_\_\_\_    Denied: \_\_\_\_\_    Date: \_\_\_\_\_

Building Official    Approved: \_\_\_\_\_    Denied: \_\_\_\_\_    Date: \_\_\_\_\_

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

**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