



CITY OF OAKLAND PARK

BUSINESS TAX RECEIPT & CERTIFICATE OF USE APPLICATION

Submittal Date: _____ **Business Tax Receipt Number:** _____

Business Tax Receipt (Cost): _____ **Certificate of Use (Cost):** _____

CATEGORY:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> NEW BUSINESS | <input type="checkbox"/> IMPROVEMENTS, REPAIR, RECONSTRUCTION, REHABILITATION, ADDITION, OR IMPROVEMENT COSTS EQUALS OR EXCEEDS 50% OF THE MARKET VALUE OF THE STRUCTURE | <input type="checkbox"/> NAME CHANGE |
| <input type="checkbox"/> ADDRESS CHANGE | | <input type="checkbox"/> OWNER CHANGE |
| <input type="checkbox"/> CHANGE OF USE | <input type="checkbox"/> ALL BUSINESSES OPEN PAST MIDNIGHT | |

BUSINESS OWNER INFORMATION

Business Name: _____

DBA (if applicable): _____

Business Owner/Corporation/Partnership: _____

Business Address: _____ Suite/Unit # _____

Contact Person's Name: _____

Business Phone: _____ Cell Phone: _____ E-Mail: _____

Business Mailing Address: _____

Commercial Waste Account #: _____

Hours of Operation: _____

Will your business be in operation on any day between the hours of 12 AM (Midnight) and 5 AM?
 YES NO

Type of Business: OFFICE RETAIL WAREHOUSE OR WHOLESALE HOME OCCUPATION
 RESTAURANT PUBLIC ASSEMBLY (LIST PROPOSED USE): _____

Please describe, in detail, the nature or type of business to be conducted on these premises:

Will commercial vehicles and/or equipment be parked and/or stored at this location? Yes ___ No ___
If yes, please list the number and type of vehicles and/or equipment: _____

Are any tenant improvements currently proposed? Yes No
If yes, please describe: _____

FILL IN THE INFORMATION BELOW ONLY IF IT APPLIES TO YOUR BUSINESS

| | | |
|--|---------------------------|-----------------------|
| MERCHANT, ESTIMATED RETAIL VALUE OF INVENTORY: _____ | SEATING CAPACITY: _____ | VENDING: _____ |
| NUMBER OF CHAIRS/STATIONS (BARBER/BEAUTY SALON): _____ | NO. OF EMPLOYEES: _____ | OCCUPANCY LOAD: _____ |
| NUMBER OF RENTAL UNITS (APARTMENT, DUPLEX, TRIPLEX): _____ | ARCADE MACHINES: _____ | _____ |
| COIN OPERATED MACHINES (LIST NO. OF EACH TYPE): _____ | BILLARD/POOL TABLE: _____ | _____ |

Square Footage of the Tenant Space: _____

Is this a Massage Service company?

(Sec. 7-156, Code of Ordinances)

YES

NO

Statement: I must submit a Massage Therapy Certificate of Use Permit Application and corresponding state licenses & state issued IDs. Sign here: _____

Property Owner Name (if different from business owner): _____

Mailing Address: _____

Business/Corporation Name (if applicable): _____

Comments: _____

Limitations: _____

(Residential offices should be listed as "Residential Business Office", for clarification of requirements see the City of Oakland Park Code of Ordinances, Chapter 24 Home Occupations.)

ZONING APPROVAL & BUSINESS RESTRICTIONS (TO BE COMPLETED BY CITY OFFICIAL)

| | | |
|---|--|--|
| <input type="checkbox"/> OFFICE ONLY | <input type="checkbox"/> NO RETAIL SALES | <input type="checkbox"/> NO WALK-IN TRAFFIC |
| <input type="checkbox"/> STORAGE ONLY | <input type="checkbox"/> NO WHOLESALE SALES | <input type="checkbox"/> NO VEHICLES ON PREMISES |
| <input type="checkbox"/> TAKE OUT ONLY | <input type="checkbox"/> NO DELIVERIES | <input type="checkbox"/> NO CONSTRUCTION EQUIPMENT ON PREMISES |
| <input type="checkbox"/> HOME OCCUPATION | <input type="checkbox"/> NO VEHICLES DISPLAYED OUTSIDE | <input type="checkbox"/> NO OUTSIDE STORAGE |
| <input type="checkbox"/> HOBBY LICENSE | <input type="checkbox"/> LIKE NEW ITEMS ONLY | |
| <input type="checkbox"/> DISTANCE SEPARATION ___ FT | <input type="checkbox"/> OTHER _____ | |

REMARKS: _____

AFFIDAVIT OF APPLICANT

I acknowledge that I have reviewed this application and all information contained herein has been freely and voluntarily provided. All fact, figures and statements contained herein are true, correct and complete to the best of my knowledge and belief. I also acknowledge and understand that the issuance of a City Business Tax Receipt is contingent upon a zoning compliance approval and in conjunction with the issuance of a Certificate of Use.

Any and all code violations, permits that are open, expired or issued must be satisfied prior to submitting the application.

I will not open for business prior to paying for and receiving a Business Tax Receipt and Certificate of Use Permit. Should I do so, I am aware of the possible penalties which can include fines.

Applicant's Signature

Date

Print / Type Applicants Name



TO BE COMPLETED BY ZONING DIVISION STAFF

File No. _____ Folio # _____ | Zoning District: _____ | Land Use: _____

| SOURCE | STATUS | DESCRIPTION | REVIEWER |
|--------|--------|-------------|----------|
| | | | |
| | | | |
| | | | |

Approved pending C.U. Inspections Approved with conditions: _____

Signature of Staff: _____ Date: _____

BUSINESS TAX RECEIPT AFFIDAVIT

For those applying for a new Business Tax Receipt, relocating a business within the City of Oakland Park, or transferring the business from one owner to another, please read the following instructions carefully. It is the sincere desire of the City of Oakland Park to allow you to start your business with the least amount of delay.

1. The owner or corporation officer of the business MUST APPLY IN PERSON for the Business Tax Receipt, Section 7-19(a)(8), Oakland Park Code of Ordinances. This includes physicians, attorneys, and other related professions.
2. Fees for Business Tax Receipts are payable at the time of application and are based in accordance with Section 7-22, Oakland Park Code of Ordinances.
3. The following information is REQUIRED at the time of application:
 - a) Complete description of your business operation.
 - b) Copy of Florida's Driver's License or Florida Identification Card.
 - c) Copy of Social Security Card or Federal Employer Identification Number
 - d) Copy of Florida Articles of Incorporation or Corporations Online approval from Florida Department of State, Division of Corporations.
 - e) Copy of Florida Fictitious Name Filing or Corporations Online approval from Florida Department of State, Division of Corporations.
4. Copy of receipt or contract is required if you operate from a private, not federal, post office (P.O.) box.
5. An inspection of your premises will be required. If you need to make a special arrangement with the inspector, please call 954-630-4350.
6. The building in which your new business is located must be up to the standards of the Florida Building Code. Also, you MUST have a least (1) certified, five pound, fully charged fire extinguisher, Type A-B-C, on the premises. The Fire Marshal recommends extinguishers labeled 2A20BC.
7. Address numbers at least ten (10) inches high shall be provided.
8. All non-conforming signs must be removed, or the matter will be turned over to the Community Enhancement Division for legal action. Section 24-152(A)(1), Oakland Park Land Development Code, requires removal of all non-conforming signs upon the change of business ownership and business name. Section 24-152(A)(2), Oakland Park Land Development Code, requires removal of all non-conforming signs upon the change of business use.
9. Permits must be obtained prior to the installation of any signs. Signs require a permit.
10. Your Business Tax Receipt will be mailed to you after your place of business has been approved by the the Department of Community and Economic Development.
11. You must also obtain a Broward County Business Tax Receipt at Broward County Government Center, 115 South Andrews Avenue, Fort Lauderdale, Florida, 33301, Telephone: 954-831-4000.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

Applicant's Signature

Date

Print / Type Applicants Name

Business Name

BUSINESS TAX RECEIPT CHECKLIST

PROHIBITED ADDRESSES (these are self-storage only):

Burlington Self Storage - 3001 N. Dixie Highway

Floranada Warehouse 1100 NE 45th St. (Prohibited Except for Private P.O. Box Rentals)

Public Storage- 1650 W. Oakland Park Blvd.

Extra Space Storage- 4950 N. Dixie Highway

Cube Smart- 3061 NE 13 Avenue

- Copy of Florida Driver's License or Florida ID.
 - Copy of Social Security Card or Federal Employer ID number (FEIN).
 - Certified copy of Florida Articles of Inc. such as: Inc., P.A., L.L.C., etc., or On-Line State approval when applicable.
 - Certified copy of Florida Fictitious Name Filing or On-Line State approval when applicable.
 - Any and all other city, county, state licenses/certificates that may be required. (5013C exemption doc if applicable)
-
- Hobby use** - Affidavit signed with no license fee when applicable.
 - Transfers of business location, name change and change of ownership are the only items that are charged the 10% Transfer fee - \$25.00 MAXIMUM FEE. The **ORIGINAL** Business Tax Receipt must be returned.

SPECIAL REQUIREMENTS BY BUSINESS TYPE

- Auto Body and Auto Repair:** A.S.E. Certificate, Broward County Consumer Affairs and State of Florida registration.
- Motorcycle Repair:** Copy of State of Florida Registration.
- Auto Sales:** Copy of State Dept. of Motor Vehicles license
- Contractors:** Copy of State License or Broward County Certificate of Competency. Proof of Insurance - (note: a cabinet maker is not under contractor code, but an installer is.)
- Head Shop:** Distance separation of 1,500 ft. from other Head Shops and 750 ft. from public/private elementary, middle or secondary school, places of worship, child daycare, and hospitals.
- Liquor Store:** Distance separation of 1,500 ft.
- Motor Truck Yards/Depot, Roofing Contractors, Auto Wash/Detail, Awnings, Dry Cleaning,**
- Crematory, Light Fabricating, Furniture Manufacturing & Repair and Lumberyards:** Distance separation of 200 ft. from any point of Residential use or zoning.
- Pawn Shop:** Distance separation of 1,500 ft. from other pawn shops and schools. Copy of State required Secondhand Dealer's License.
- Payday Loans:** Distance separation of 1,500 ft.
- Pest Control:** Copy of State License
- Professionals:** Copy of State/Specialty License (Doctors, Attorneys, Cosmetologist, Accountants, Engineers).
- Massage Establishments:** Massage/Salon License, Massage Therapists must be state-licensed to operate in Oakland Park. All Massage Establishments must apply for a Massage Establishment Permit. Distance separation of 1,500 ft.
- Psychic:** Contact Community Development for requirements. (\$100 background check fee applies).
- Restaurants:** License and Inspection Report (Division of Hotels & Restaurants), Florida Food Managers Certificate and State Alcohol Beverage License if applicable.
- Grocery, Deli, Coffee Shops & Gas Stations:** Annual Food Permit and Inspection Report from Dept of Agriculture and Consumer Services (needed if connected to another business other than food service). Food Manager Certificate and State Alcohol Beverage License, if applicable.
- Tattoo & Body Piercing:** Physician letter per state statute and State Department of Health Biomedical Waste Inspection Report. Distance separation of 1,500 ft. from other tattoo/body piercing studios.
- Telemarketing:** Copy of Registration from Department of Agriculture and Consumer Services. Travel Agency/Sellers of Copy of Registration from the Department of Agriculture and Consumer Services.

Date

Business Name

Signature of Applicant



CITY OF OAKLAND PARK

CERTIFICATE OF USE APPLICATION PACKAGE

Steps for Obtaining a Certificate of Use

All new businesses, after October 1, 2019, in the City of Oakland Park must obtain a Certificate of Use prior to occupying or doing business within the City of Oakland Park. Home Businesses do not require a Certificate of Use.

1. The following items must be submitted to the Department of Community and Economic Development with a fully completed Certificate of Use Application. If this is a new business, you will need to submit a completed Business Tax Receipt Application.

- a. A proposed floor plan of the space to be occupied.
- b. Payment to the City of Oakland Park by check, cash or credit card for: **(non-refundable fee for the processing of this application for a Certificate of Use)**

| | |
|--|-------|
| New Application/Change of Location or Use: | \$250 |
| Change of Owner/Business Name: | \$75 |
| Inspection Fee: | \$150 |

2. A Certificate of Use is required if the new business meets ANY of the following criteria:

- a. A new business after October 1, 2019.
- b. Existing business changing location.
- c. Adding and/or changing the type of legally established business.
- d. Business has an active Certificate of Use and the applicant is a new owner.
- e. An active Certificate of Use exists, and the applicant wishes to change the name of the business.
- f. The business undergoes any repair, reconstruction, rehabilitation, addition or improvement of the building or structure, the cost of which equals or exceeds fifty (50) percent of the market value of the structure before the improvement or repair is started. (Refer to Improvement/Market Value Worksheet in this package)

You can submit your application to the Planning and Zoning Division in person. The Planning and Zoning Division hours are Monday through Friday- 8:00 a.m. to 5 p.m.

**City of Oakland Park
Planning and Zoning Division
5399 Dixie Highway
Oakland Park, FL 33334**



Inspection Information

All applications for a new business, change of location or use, **MAY** require inspections by the Zoning Department, Building Department and Fire Prevention prior to approval.

Inspections will be determined by the type of occupancy and or use. The space is required to meet all Florida Building Codes, Life Safety Codes and the City Zoning requirements for the use intended, before the Certificate of Use is issued.

All inspections **are performed between 8:30 a.m. and 4:30 p.m. Monday through Friday.** **There are no specific times for inspections.** Inspections will be coordinated and scheduled by the Business Licensing Supervisor. On the day of the inspection the applicant will be required to be present at the business location.

If an inspection fails, you will be provided with the reason(s) why, and the corrective action(s) necessary. Upon completion of the correction(s), you must arrange for a re-inspection.

You (or a duly designated representative) must be available on site when the inspector arrives. If not, the inspection will be FAILED due to "no access." and you may be subject to a re-inspection fee.

Business Tax Receipt and Certificate of Use

After inspections have been completed and approved the original Certificate of Use and Business Tax Receipt will be mailed to the applicant's mailing address. The Certificate of Use and Business Tax Receipt need to be posted and displayed in a visible location at the business.

Once the Certificate of Use is approved, applicant will need to obtain services with the Utility Billing Department.

The applicant will be notified via US Mail if the application is denied and what actions are necessary to complete the application process.

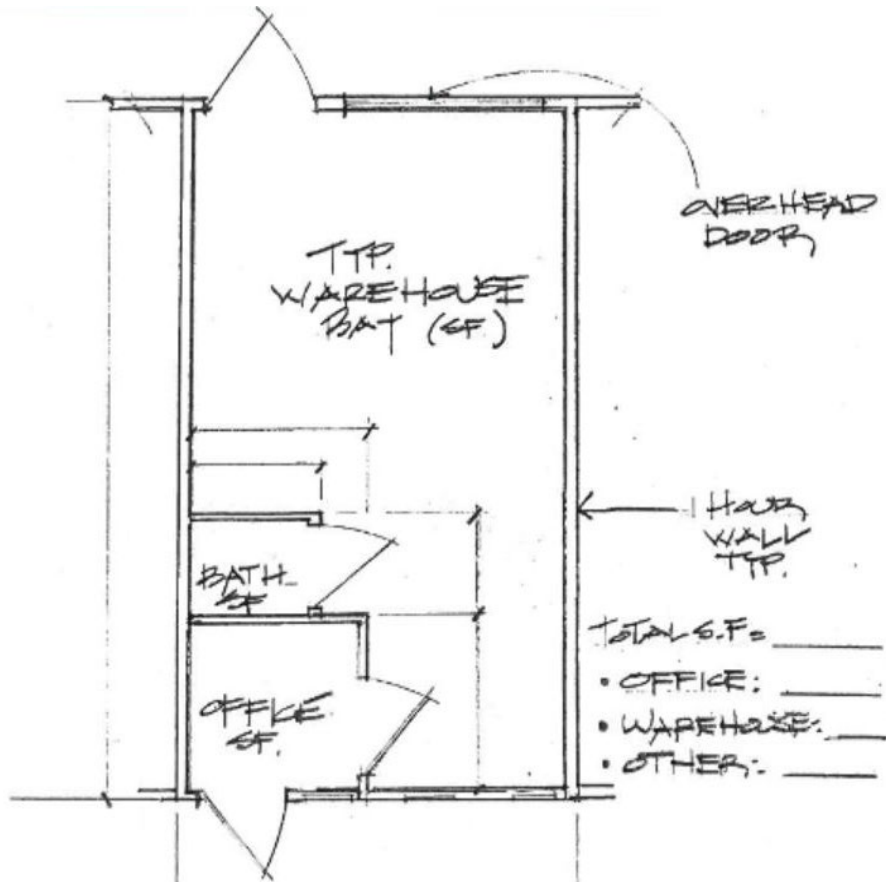


Floor Plan / Site Plan (Including Parking)

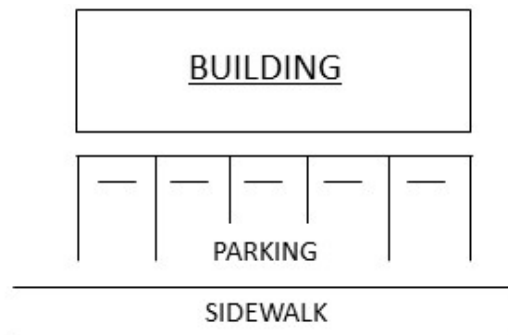
The items that need to be shown or marked on the Floor Sample Plan include:

- Placement of walls
- Location of windows
- Room sizes and uses
- Dimensions
- Exit signs
- Emergency lights
- Fire extinguisher

FLOOR PLAN



SITE PLAN (INCLUDE NUMBER OF PARKING SPACES)



Inspection Form

POST ON PROPERTY FOR INSPECTIONS

A LADDER CAPABLE OF REACHING ALL STRUCTURAL HEIGHTS MUST BE AVAILABLE ON SITE

****ALL FAILED INSPECTIONS AUTOMATICALLY RESULT IN A CODE CASE****

| | | | |
|--|------------------------|-------------------------|--|
| BUSINESS NAME: | | | |
| ADDRESS: | | | |
| | | | |
| BUILDING DIVISION | | | Date |
| Inspector's name: | | | |
| Comments: | | | |
| | Compliance Date | Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | |
| | | | |
| FIRE PREVENTION | | | Date |
| Inspector's name: | | | |
| Comments: | | | |
| | Compliance Date | Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | |
| | | | |
| ZONING/BUSINESS TAX | | | Date |
| Inspector's name: | | | |
| Comments: | | | |
| | Compliance Date | Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | |
| | | | |
| PLUMBING | | | Date |
| Inspector's name: | | | |
| Comments: | | | |
| | Compliance Date | Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | |
| | | | |
| STRUCTURAL | | | Date |
| Inspector's name: | | | |
| Comments: | | | |
| | Compliance Date | Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | |
| | | | |
| ELECTRICAL | | | Date |
| Inspector's name: | | | |
| Comments: | | | |
| | Compliance Date | Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | |