



CITY OF DANIA BEACH
Local Business Tax Receipt Division
 100 W Dania Beach Boulevard
 Dania Beach, FL 33004
 Phone: 954-924-6805 ext 3644 Fax 954 924-6812

PLEASE SUBMIT THE FOLLOWING DOCUMENTS (AS APPLICABLE):

1. Complete the **Business License Application Form**. *Incomplete applications will not be accepted or processed.*
2. If the property is in the name of a Corporation, Partnership, LLC, etc., you must provide proof of having registered with the State of Florida.

LETTER OF REGISTRATION must be submitted along with:

State of Florida Certificate and Articles of Incorporation or LLC, which includes a list of the principals of the corporation.

.....AND / OR.....

State of Florida Fictitious Name Registration Certificate, whether you are doing business as a Fictitious Name only, or if you are a Corporation or LLC Doing Business As (d/b/a) another name.

3. Applicant's **social security number or EIN document** must be provided for verification, pursuant to Florida State Statute 205. This is accomplished by showing a supporting document or social security card to a Business Tax Official (or by mailing in a legible copy) to compare with the information supplied on the Business License Application Form.
4. Copy of the **Warranty Deed** as proof of ownership of the rental property, along with the **Broward County Property Appraisers informational sheet** (Both can be obtained through the internet at www.bcpa.net using the "record search" option).
5. Complete the **Broward Sheriff's Office Business Watch Application Form**. This form is passed along to BSO as a crime prevention measure, and provides the police with the necessary information in order to contact the property owner and/or manager in cases of emergency or public safety.
6. In addition, the property will require a Fire Safety Inspection, which you will be contacted about prior to the inspection. This is to certify the property is safe, and that required measures (i.e. fire extinguishers, smoke detectors, etc.) are provided. There will be a separate charge for this inspection.



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**Business License Application Form for
 Residential Rental Property (Multi-Family Rentals [More than 2 Units])**

Pursuant to Florida Statute Chapter 205 "Local Business Tax Receipt", all business owners are required to provide a federal identification number or social security number to the local governing authority prior to the renewal or issuance of your business tax receipt. It is also requested that you provide your standard industrial code if available.

Date of Application: _____ Property Folio: _____

Rental Property Address: _____

Total Number of Units on Site: _____

Owner's Name(s): _____

Type of Ownership: Sole proprietorship/
Property Owner Partnership Corporation Other

Mailing Address: _____

City/State/Zip: _____

Telephone #: _____ Emergency #: _____

Owner's social security #: _____ Owner's FEIN#: _____

I hereby certify that the above information is complete, true and correct; and further I understand that any misstatement of facts contained in this application may cause my license to be revoked. I also understand that the property may be inspected to verify all information provided and to determine compliance with all applicable codes.

 SIGNATURE OF OWNER(S) OR AUTHORIZED AGENT DATE

OFFICE USE ONLY: DO NOT COMPLETE BELOW THIS LINE

PROPERTY ZONED: _____ NUMBER OF UNITS APPROVED FOR RENTAL: _____

CODE APPROVAL BY: _____ DATE: _____

CONDITIONS (IF ANY): _____

CLASSIFICATION (To be completed by BTR staff): _____

FIRE INSP. COMPLETED BY: _____ VERIFIED BY: _____ DATE: _____

LICENSE #: _____ LICENSE FEE: _____ BY: _____ DATE: _____



Broward Sheriff's Office
District 2 - Dania Beach
Crime Prevention Unit
100 W Dania Beach Blvd
Dania Beach, FL 33004
Phone # 954-926-2400



Dania Beach Business Watch
Membership Application
(PLEASE PRINT)

Date: _____

Business Information

Business Name: RESIDENTIAL RENTAL PROPERTY (NUMBER OF UNITS = _____)

Business Address: _____

City: DANIA BEACH State: FL ZIP: _____

Owner / Manager Contact Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cellular: _____

E-Mail Address: _____

Emergency Contact Information

Name	Telephone

Comments: _____

For information on this and other crime prevention programs,
please contact our Crime Prevention Unit at 954.926.2400.

Zone # _____