



The City of Weston
 17200 Royal Palm Boulevard
 Weston, Florida 33326
 954-385-2000
BTR@westonfl.org

BUSINESS TAX RECEIPT APPLICATION

1. MY BUSINESS INFORMATION

New Application
 Address Change
 Ownership Transfer
 Change of DBA
 BTR # _____

Company Name: _____

DBA (if applicable/must match signage): _____

Business Address: _____

Weston, Florida _____ (zip code) Is this a Virtual or residential office? Yes No

FEIN: _____ (Federal Employee Identification Number)

Contact Name: _____

Email: _____

Phone No.: _____ Fax No.: _____

Mailing Address (if different than business address): _____

City: _____ State: _____ zip: _____

Description of Services offered: _____

2. MY BUSINESS CATEGORY & TAX:

Select Only One

TAX*

Category	Fiscal Year ⁽¹⁾	Partial Year ⁽²⁾
<input type="checkbox"/> Hotels, Motels, Apartments or Timeshares with 250 units or more	\$6,077.52	\$3,038.76
<input type="checkbox"/> Warehouse, Manufacturing Facility or Pharmacy with 50,000 square feet or more	\$4,051.68	\$2,025.84
<input type="checkbox"/> Supermarkets	\$3,183.46	\$1,591.73
<input type="checkbox"/> Warehouse, Manufacturing Facility or Pharmacy between 20,000 square feet and 49,999 square feet	\$2,431.01	\$1,215.51
<input type="checkbox"/> Warehouse, Manufacturing Facility or Pharmacy between 10,000 square feet and 19,999 square feet; <ul style="list-style-type: none"> • Apartments or Timeshares with 100 – 249 units; • Hotels or Motels with 150-249 rooms; • Country Clubs and Golf Course(s); • Athletic/Fitness Club with Pool 	\$1,447.02	\$723.51
<input type="checkbox"/> Limited Business: Home Occupation; Business with only a Post Office, Private Mail Box or Registered Office in the City	\$173.63	\$86.82
<input type="checkbox"/> Individual Professional <i>To qualify please provide the BTR number of the business you are affiliated with at this location: _____ (must be business in good standing).</i>	\$86.80	\$43.40
<input type="checkbox"/> General Business (all other Businesses with a commercial address)	\$260.46	\$130.23

⁽¹⁾ Applicants that apply after the beginning of the fiscal year (October 1) but before April 1 of that fiscal year shall pay the full tax for one year.

⁽²⁾ Applicants that apply on or after April 1 of the fiscal year but before September 30 of that fiscal year shall pay one-half the full tax for one year.

3. MY DOCUMENTS

All applicants shall provide a current copy of required documents (please attach):

- Certificate of Use issued by Weston Building Code Services; information call 954-385-0500,
Or, if sub-tenant:
 - Copy of the Owner/Tenant’s Certificate of Use
 - Letter acknowledging the sub-tenant’s use of Owner/Tenant’s Certificate of UseOf, if tenant of an Executive Suite:
 - Copy of the Executive Suite’s Certificate of Use
 - Executive Suite Affidavit and if applicable, Virtual Office Tenancy Affidavit
- Business name registration with the State of Florida
And/or Fictitious Name Registration
- All applicable regulatory licenses
- In addition to the above, the following applicants are required to attach copies of:
 - LICENSED PROFESSIONALS –Current license from the applicable regulatory agency, i.e., Department of Business and Professional Regulation; Department of Agriculture and Consumer Services; Department of Financial Services; Financial Industry Regulatory Authority; Department of Health; Nationwide Mortgage Licensing System & Registry, etc.
 - ATTORNEY AT LAW & LAW FIRMS –The Florida Bar membership card.
 - CONTRACTORS AND INSPECTORS – Proof of insurance and regulatory license.
 - MOBILE FOOD VENDORS – Written approval for the operation of such a business from the Proof of Broward County Health Department.
 - PEST CONTROL BUSINESS – Proof of insurance and a copy of current State of Florida permit.
 - PHARMACIES – Proof of Board of Pharmacy license.
 - PRIVATE DETECTIVES AND CRIMINAL INVESTIGATORS – Proof of State of Florida Class B or Class D license, for both business name and individual.

4. MY CERTIFICATION

I hereby certify that all information given herein is true and accurate. I understand that providing false or misleading information on this application may subject me to criminal prosecution. I further understand that if there are any subsequent changes in the status of my business as stated above, that I will notify the City of Weston of such changes. I understand that the Business Tax Receipt expires on September 30 and must be renewed each year.

Applicant’s Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

5. PAYMENT & MAILING INFORMATION

- New Applications are to be mailed with required documentation and payment to:
 - City of Weston
 - 17200 Royal Palm Boulevard
 - Weston, Florida 33326
- Changes to current business tax file can be submitted via fax, 954-385-2010; or email, BTR@westonfl.org.

NOTE: [Applicable section of the Code, Title IV, Chapter 40, Business Tax Receipts.](#)