

**THE CITY OF LIGHTHOUSE POINT/CITY CLERK'S OFFICE**

**LOCAL BUSINESS TAX**

**2200 NE 38 STREET**

**LIGHTHOUSE POINT, FL 33064**

**Telephone: 954-943-6500**

**Email: [lhpadmin@lighthousepoint.com](mailto:lhpadmin@lighthousepoint.com)**

A local business tax is a tax for the privilege of engaging in or managing any business, profession, or occupation within the commercially zoned City districts. Application(s) for local business tax(es) may be obtained through the City Clerk's Office during regular business hours of Monday through Friday, 8:00 a.m. to 4:00 p.m., or by telephoning us at 954-943-6500. The tax certificates issued will only cover one location and will be only for the specified "use" as set out in the application for the local business tax. If more than one business "use" exists at any one location within the City limits, the applicant must apply for an additional local business tax. The Fiscal Year for all local business taxes runs from October 1<sup>st</sup> through September 30<sup>th</sup>.

Prior to opening a business within the City limits of Lighthouse Point, it is advisable to contact the Planning & Zoning Department at 954-943-6509 or the City Clerk's Office at 954-943-6500 to determine whether a particular business "use" is "allowable" within the commercially zoned districts.

When an application for a local business tax is submitted to the City Clerk's Office, it is processed and forwarded for approval to Building/Zoning, Code Enforcement, Police, Fire Departments, and City Administrator. Once the application has been approved by the above departments, it is returned to the Office of the City Clerk for approval. Each applicant will be notified by telephone when an application has either been approved or denied. If the application is approved, the applicant is informed of the amount due and the fees can either be mailed or dropped off in person at the City Clerk's Office. Upon request by the applicant, we can provide an invoice stating monies owed to the City for the business tax. A local business tax will not be issued until all fees are received by the Office of the City Clerk.

**Submission of an application for the local business tax along with all required State documentation does not guarantee automatic approval of the local business tax. Each application must be approved by all appropriate City departments prior to issuance.**

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**Please Note:** If an application is for a new business, and structural alterations are contemplated, please contact the Building Department to determine if a permit is required. Additionally, all signs must be approved by the Building Department prior to installation or placement (954-943-6509).

## LOCAL BUSINESS TAX (NEW & RENEWALS) CHECKLIST

**Paperwork for current year licensing, registrations, forms MUST BE ATTACHED before renewal OR new application will be processed. See below for any that may apply to your business.**

\_\_\_\_\_ **City of Lighthouse Point Application**, completely filled out, front and back. (Need one completed application for EACH USE AS INDICATED ON APPLICATION).

\_\_\_\_\_ **City of Lighthouse Point Renewal Invoice**, completely filled out and signed with all required documents.

\_\_\_\_\_ **Site Plan** (Floor Plan/Drawing) of suite, bay, permanent fixtures, etc.

\_\_\_\_\_ Current proof of **Fictitious Name Registration with the Florida Division of Corporations (850-488-9000 or [www.sunbiz.org](http://www.sunbiz.org))**.

\_\_\_\_\_ Current proof of Registration from **Florida Department of Agriculture and Consumer Services (1-800-435-7352 or [www.800helpfla.com/info\\_businesses.html](http://www.800helpfla.com/info_businesses.html))**. (Applies to such businesses as: *Auto Dealers and Auto Repairs; Gasoline Service Stations; Health Studios; Travel Agencies, Telemarketers, etc.*)

\_\_\_\_\_ Current License from **Florida Division of Hotels and Restaurants (954-958-5520 or [www.myfloridalicense.com](http://www.myfloridalicense.com))**. (Applies to such businesses as: *ALL Restaurants; and Apartment buildings with 5 or more rental units in any one building, or a complex of buildings having 4 or more rental units collectively, or any single unit in any building that is rented regularly to transients.*)

\_\_\_\_\_ Current License from the **Florida Department of Professional Regulation (850-413-0755 or [www.myfloridalicense.com](http://www.myfloridalicense.com))**. (Applies to all professions that are regulated by the State Dept. of Business and Professional Regulation, including but not limited to the following: *Accountants; Architects; Contractors; Cosmetology Salons; Detectives; Engineers; Geologists; Funeral Directors; Medical Professionals; Real Estate.*)

\_\_\_\_\_ Current License from the **Florida Department of Financial Services (800-342-2762 or [www.flofr.com](http://www.flofr.com))**.

\_\_\_\_\_ Current License from the **Florida Department of Health (850-488-0595 or [ww2.doh.state.fl.us/mqaservices](http://ww2.doh.state.fl.us/mqaservices)) AND Bio Medical Waste Storage Permit (954-467-4700 or [www.browardchd.org](http://www.browardchd.org))**. (Applies to all professions that are regulated by the State Department of Health, including but not limited to: *Dentists, Hearing Aid Specialists, Medical Doctors, Nursing & Assistants, Optometrists, Physical Therapists, etc.*)

\_\_\_\_\_ Current Certificate from the **Florida Department of Children and Families (954-537-2800 or [www.dcf.state.fl.us/publications/eforms1.shtml](http://www.dcf.state.fl.us/publications/eforms1.shtml))**. (Applies to such businesses as: *Nursery-Children's Day.*)

\_\_\_\_\_ Current copy of the **Box Rental Agreement that is CONCURRENT with the new or current local business tax period. Our fiscal year runs from October 1<sup>st</sup> - September 30<sup>th</sup>** (Home-based businesses)

\_\_\_\_\_ Current **Certificate of Insurance** (Applies to such businesses as: *Ambulance Service; Contractors; Dry Cleaners, Laundries & Uniform Services; Express Companies, Delivery & Courier Services; Gasoline Service Stations; Janitorial Services, House Cleaners; Lawn and Yard Maintenance, Tree Trimming Surgeons; Peddlers, Hawkers, Itinerant Vendors; Pest Control, Power Spraying; Repair and Installation Services; Swimming Pool Maintenance; Upholsterers; Vehicles-moveable, leasing, rental, limo, taxis & the like; Vendors.*)

**ALL BUSINESSES MUST APPLY FOR BROWARD COUNTY BUSINESS TAX AS WELL (954-831-4000 or [www.broward.org/revenue](http://www.broward.org/revenue)).**

**IMPORTANT!** Section 78-35 of our City Code of Ordinances requires that an application be made by every person engaging in any new business, profession, or occupation before a local business tax is issued. Therefore, this application **MUST** be completed and returned with other required documents as indicated on this application.

Legal Name of Business: \_\_\_\_\_

Owner/Agent Name: \_\_\_\_\_ DOB: \_\_\_\_ DL#: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Will your company be doing telemarketing? \_\_\_\_\_ If so, please provide the FDOACS license.

Federal ID/Social Security Number: \_\_\_\_\_ Square Footage of Office Space: \_\_\_\_\_

Detailed Description of Business: \_\_\_\_\_

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I understand that I may not conduct business in the City of Lighthouse Point without first obtaining a Local Business Tax license ***and*** a professional license, if required.

I affirm that this application for a local business tax is made solely and exclusively for the business use or profession indicated hereon, that all information is true and correct, that I am authorized to apply for and obtain the local business tax for which I am applying. I acknowledge that additional uses or professions may require additional taxes.

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 Signature of Applicant

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 Date

| Home Address of Applicant (Street and City) | Zip Code | Telephone |
|---|----------|-----------|
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**IF YOUR TYPE OF BUSINESS IS LISTED BELOW, PLEASE FURNISH THE REQUESTED INFORMATION:**

**Automobile Repairs and Automobile Dealer:** Current Proof of Registration from Florida Department of Agriculture and Consumers Services MUST BE ATTACHED.

**Barbershop:** # of Chairs (whether used or not): \_\_\_\_\_

**Boat and Shipyard:** Amount of Capital Investment: \$\_\_\_\_\_

**Cosmetology and/or Nail Salon:** # of Operators (including owner): \_\_\_\_\_

**Food Establishment (Bakery, supermarket, grocery store, convenience store, deli, meat market, donut shop, health food store, juice bar, etc.):** Copy of approved inspection report from the Florida Department of Agriculture and Consumers Services MUST BE ATTACHED.

**Gasoline Service Station:** Current proof of registration from the Department of Agriculture and Consumers Services and current Certificate of Insurance.

**Health Studio:** Current proof of registration from the Florida Department of Agriculture and Consumers Services MUST BE ATTACHED.

**Insurance Office:** # of Employees: \_\_\_\_\_ Copy of current license from the Department of Financial Services MUST BE ATTACHED.

**Meat Market:** Retail Stock Value: \$\_\_\_\_\_ Determined by: Audit \_\_\_\_\_ Estimate \_\_\_\_\_ Taxes \_\_\_\_\_

**Merchant:** Retail Stock Value: \$\_\_\_\_\_ Determined by: Audit \_\_\_\_\_ Estimate \_\_\_\_\_ Taxes \_\_\_\_\_

Merchandise Being Sold: \_\_\_\_\_

**Nursery (Children's Day):** Current Certificate from Broward County Department of Children and Families MUST BE ATTACHED.

**Professional:** \_\_\_\_ If checked, a copy of your State-issued Professional license (ie: Attorney, Contractor, Cosmetology, CPA, Medical, Real Estate, Restaurant, etc.)

**Real Estate:** \_\_\_\_\_ # of Agents (excluding owner); \_\_\_\_ If checked, a copy of your State-issued Professional license MUST BE ATTACHED.

**Repair:** Type of Repairs: \_\_\_\_\_

**Restaurant:** Seating Capacity #: \_\_\_\_\_ Take-Out: \_\_\_\_\_ (Y/N) A copy of your State-issued Professional license MUST BE ATTACHED. If you are a restaurant that serves alcohol, a copy of your State issued Alcohol and Tobacco license MUST be included.

**Telemarketers:** Current license per salesperson (or exemption letter with affidavit) from the Florida Department of Agriculture and Consumers Services MUST BE ATTACHED.

**Travel Agency:** Current Certificate from the Florida Department of Agriculture and Consumers Services MUST BE ATTACHED.

**Vehicles (Leasing and/or Rental):** # of cars: \_\_\_\_\_ (Trucks are not permitted.)

**Current Certificate of Insurance MUST BE ATTACHED to application for each of the following businesses:**

Ambulance Service  
Contractors  
Dry Cleaners, Laundries, Tailors, Uniform Services  
Express Companies, Delivery and Courier Services  
Gasoline Service Stations  
Janitorial Services, House Cleaners  
Lawn /Tree Trimming Services  
Peddlers, Hawkers, Itinerant Vendors  
Pest Control, Power Spraying  
Repair and Installation Service  
Swimming Pool Maintenance  
Upholsterers  
Vehicles, moveable, leasing, rental, limousines, taxis, etc.

**LOCAL BUSINESS TAX AFFIDAVIT  
VERIFICATION OF PROFESSIONAL LICENSURE**

Pursuant to Chapter 205 of the Florida Statutes, any person who engages in or manages any business, occupation, or profession, must first obtain a Local Business Tax License.

Some professions, including but not limited to law, medicine, and construction, require a separate professional license in order to lawfully work in the State of Florida. As such, any person seeking to obtain a Local Business Tax License in the City of Lighthouse Point, Florida, must swear or affirm that he/she possesses the applicable professional license and that said license is in good standing.

**PLEASE COMPLETE THE FOLLOWING:**

1. I currently practice, run, or operate the following business(es): \_\_\_\_\_
2. A professional license is required for, and I currently possess and have in good standing said license for the above-mentioned business: \_\_\_\_\_  
(List business/profession for which license is required and License number. If NO professional license is required, please write "N/A.")

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**AFFIDAVIT – FICTITIOUS NAME ACT**

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

Print Your Name and Corporation Name \_\_\_\_\_

Print Your Fictitious Name (d/b/a) \_\_\_\_\_

2. I do not have to comply with the Fictitious Name Act because my business is:

- ☐ Using My Full Legal Name
- ☐ Registered as a Corporation
- ☐ Exempt Due to Being Licensed by DBPR
- ☐ Federally Chartered Bank
- ☐ Other (Please Specify): \_\_\_\_\_

**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 Statutes. Under penalties of perjury, I declare that I have read the foregoing affidavit and that the information in it is true.**

**Under penalties of perjury, I declare that I have read the foregoing Affidavits and that the information provided in it is true.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_, by \_\_\_\_\_, who is known to me or has presented identification, and who did take an oath.

**My Commission Expires:**

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary



# City of Lighthouse Point POLICE DEPARTMENT

3701 N.E. 22 Avenue • Lighthouse Point, FL. 33064  
(954) 942-8080 [www.lhppd.com](http://www.lhppd.com) Fax (954) 784-3412



*Jack Vaccaro*  
Chief of Police

*Accredited*  
Since 2000

Date: \_\_\_\_\_

Dear Business Owner/Manager:

In order to serve you better, we are requesting you complete this emergency contact form. In case of emergency, the information provided will assist us in notifying you immediately of any issues or concerns that may arise while your business is closed.

Business Name: \_\_\_\_\_

Business Owner/Manager Name: \_\_\_\_\_

Shopping Center Name: \_\_\_\_\_

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

Lighthouse Point, FL 33064

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of **Main Contact** After Hours: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

Email: \_\_\_\_\_

Name of **Alternate Contact** After Hours: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

Email: \_\_\_\_\_

Keep in mind personnel change frequently. If any contact information changes, please update us in writing immediately so we may update our records.

If you require additional space for additional contact information or there is specific information you would like officers to have knowledge about, please use the back of this form.

Any questions please contact the Lighthouse Point Police Department Community Policing Office at 954-784-3423.

Thank you for your anticipated cooperation.

Jack Vaccaro  
Chief of Police