



Hover form fields for instructions.

Home-Based Business Tax Application

This application can be submitted in person or mailed to 9500 W Sample Road, Coral Springs, Florida 33065 or by email to csbusinessstax@coralsprings.org. Commercial business tax applications will require business location approval by the Coral Springs Zoning and Building Divisions before a local business tax receipt can be issued. This application will also be reviewed by the Coral Springs Police and Fire Departments.

Home-based business tax applications will be reviewed by the Coral Springs Zoning Division and the Police Department. Please be advised that many subdivisions in the City have deed restrictions relating to the conduct of a business in a residential area. Please contact your homeowner's association if you have questions.

Business Information

_____ Fictitious name _____
Business name Corporation/LLC name (if different)

Location Street address _____ Estimated opening date _____

City _____ State _____ ZIP Code _____

Type of business entity/structure Corporation LLC Sole proprietorship Partnership

Number of employees at this location Full-time _____ Part-time _____

Hours of operation _____ NAICS Code [Find your NAICS Code](#)

Optional information Minority owned Woman owned Veteran owned

Describe the type of business*

*Failure to provide accurate information could result in revocation of your business tax receipt. Failure to comply with City Codes will result in revocation of tax receipt.

Mailing address Street address _____ Phone _____

City _____ State _____ ZIP Code _____

Contact email Website

Fictitious Name Statement

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the fictitious name act (Florida Statute 205.023 requirement to report status of fictitious name registration) for one of the following:

If other, please specify _____

Owner, Applicant, and Responsible Party Information

Applicant name (if not business owner) Business owner name Business owner email

Street address _____ Phone _____

City _____ State _____ ZIP Code _____

Per Florida Statute 205.0535(5), federal employer identification number or Social Security Number is required.

FEIN _____ or SSN _____

Designated contact (if different from the applicant or owner)

Name _____ Email _____

Street address _____ Phone _____

City _____ State _____ ZIP Code _____

Attachments Required (if applicable)

- Articles of incorporation, LLC and or fictitious name
- Personal professional license, state or county
- Business state registration certificate
- Broward County competency certificate
- Business state, county or federal licenses
- Health department, state or county licenses
- Current storage agreement for materials and inventory, only applies to home-based business

Attestation

This is to certify that all information given is true and accurate. I have completed this application and the statements contained herein are true and correct to the best of my knowledge.

Printed name of applicant

Applicant signature/date

