



CERTIFICATE OF USE APPLICATION  
TOWN OF SOUTHWEST RANCHES  
13400 GRIFFIN ROAD  
SOUTHWEST RANCHES, FLORIDA 33330  
Phone (954) 434-0008  
Fax (954) 434-1490

BUSINESS INFORMATION:

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN SOUTHWEST RANCHES STATE: FLORIDA ZIP CODE:

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ EMERGENCY NUMBER: \_\_\_\_\_

TYPE OF BUSINESS DESCRIBED IN DETAIL \_\_\_\_\_

Previous type of business in the building in which you will conduct your business:

Home Office  Business

**NUMBER OF EMPLOYEES** \_\_\_\_\_

**NUMBER OF VEHICLES AND EQUIPMENT** \_\_\_\_\_

**VEHICLES TAG NUMBER (USE SEPARATE SHEET TO PROVIDE INFORMATION)**

PERSONAL INFORMATION

BUSINESS OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PROPERTY OWNER'S NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_



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“The undersigned has carefully reviewed this application and all information contained herein has been freely and voluntarily provided. All facts, figures, statements contained in this application are true, correct and complete to the best of my knowledge and belief. The applicant also acknowledges and understands that the issuance of the Town Certificate of Use is contingent upon a zoning compliance inspection. Failure to comply with the Town’s Ordinances may result in revocation of said Certificate of Use”. **Broward County Business Tax Receipt is required after Certificate of Use and Fire Marshall Inspection may be required if a non-residential type of business.**

Notarized Signature of Business Owner		Notarized Signature of Property Owner	
		<b>DRIVER'S LICENSE COPY REQUIRED</b>	
Signature of Business Owner		Signature of Property Owner	
Date		Date	
Subscribed and Sworn before me this _____ day of _____ (year)		Subscribed and Sworn before me this _____ day of _____ (year)	
by _____		By _____	
Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) _____		Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) _____	
Notary Public	Notary Stamp	Notary Public	Notary Stamp
My Commission Expires		My Commission Expires	

**OFFICE USE ONLY:**

