



**CITY OF MIAMI GARDENS**  
**CODE ENFORCEMENT DEPARTMENT**  
 1515 N.W. 167 Street, Building 5, Suite 200 Miami Gardens, Florida 33169  
 (305) 622-8020 phone (305) 622-8855 facsimile

**APPLICATION FOR LOCAL BUSINESS TAX RECEIPT**

This application must be filled out in its entirety and have all required documentation attached. It must be submitted with the required \$ 10.00 application fee. Incomplete applications will not be accepted and will result in processing delays. No Business Tax Receipt will be issued until the applicant has complied with all applicable city, county and state laws. The City of Miami Gardens does not issue nor accept applications for street vending/street peddlers/or street solicitation of any kind. Pursuant to Chapter 205 "Not-For-Profit" Organizations are exempt from paying a license fee. However, exempt organizations must comply with all other applicable rules and regulations as prescribed in the City of Miami Gardens Code of Ordinances.

**NOTE: Application and tax fees are non refundable.**

Pursuant to the City of Miami Gardens Code of Ordinances, I hereby make application for:

New License \_\_\_\_ Location Transfer \_\_\_\_ Other Changes (specify)\_\_\_\_\_

If Location Transfer (must be from previous City of Miami Gardens location):

From \_\_\_\_\_ To \_\_\_\_\_

**SECTION #1: Applicant and Business Information**

Name of Applicant: \_\_\_\_\_ Phone# \_\_\_\_\_ Date \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Relationship of Applicant to the Business: \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Location of Business \_\_\_\_\_ Business Fax \_\_\_\_\_

Name of Owner/Manager \_\_\_\_\_ Title \_\_\_\_\_

Address of Owner/Manager \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S.# or FEI # \_\_\_\_\_ Phone# \_\_\_\_\_

Corporate Information (circle one): Individual Partnership Corporation (List Partners or Corporate Officers Below):

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION #3: Type of Business**

(Circle one): Retail Wholesale Service Professional Restaurant Corporation Other

**(If other please specify)** \_\_\_\_\_

Specific Products or Services: (i.e., clothing merchant, financial services, physician, eat-in or take-out restaurant, etc.)

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**SECTION #3B: License Tax Determination**

The following information is required in order to determine your license fee. All information requested must be completed. (If an item does not pertain to your business, please answer N/A.)

Type of Business, described in detail: \_\_\_\_\_

If Business is **Adult entertainment** please describe: \_\_\_\_\_

Is Business an **Agent (agency)**? (Circle one): Yes No If yes, what type (i.e.: Real Estate, Insurance, Talent, Travel, etc.)  
\_\_\_\_\_ Number of Salespersons Employed \_\_\_\_\_

Is Business a **physician's office**? (Circle one) Yes No Number of Physicians in the office: \_\_\_\_\_.

Does **Business Rent/Lease Vehicles**? (Circle one) Yes No Type?: \_\_\_\_\_ Number? \_\_\_\_\_.

Is Business a **Moving Company**? (Circle one) Yes No Number of trucks?: \_\_\_\_\_.

Is Business a **Courier Service**? (Circle one) Yes No Number of Vehicles?: \_\_\_\_\_.

Is Business a **Cosmetology Salon**? (Circle one) Yes No Number of Chairs?: \_\_\_\_\_ Number of Cosmetologist?: \_\_\_\_\_

Is Business a **Building Contractor**? (Circle one) Yes No Type(s)/Category(s): \_\_\_\_\_

Is Business a **Building Sub-Contractor**? (Circle one) Yes No Sub-type(s)/Sub-category(s): \_\_\_\_\_

Is Business an **Apartment Rental/Motel/Lodging House/Hotel**? (Circle one) Yes No If yes, how many units: \_\_\_\_\_ number of rooms (excluding kitchens and bathrooms): \_\_\_\_\_ ?

Does business provide **Auto's for hire**? (Circle one) Yes No If yes, how many autos will be used? \_\_\_\_\_

Are there **Automatic coin operated games on premises**? (Circle one) Yes No If yes, how many? \_\_\_\_\_

Is **business coin operated games distributor**? (Circle one) Yes No If yes, please attach list of machine locations and number of machines at each location.

Are there **automatic coin operated laundry machines** on premises? (Circle one) Yes No If yes, give total number of : Washers \_\_\_\_\_ coin amount \$ \_\_\_\_\_ and Dryers \_\_\_\_\_ coin amount \$ \_\_\_\_\_

Is business **automatic coin operated laundry machine distributor**? (Circle one) Yes No  
If yes, please attach list of machine locations and number of machines at each location.

**Automatic coin operated merchandise or service vending machines on premises?** (Circle one) Yes No

Is Business a **Restaurant, Cafeteria, or similar establishment**? (Circle one) Yes No  
If yes, How many seats? \_\_\_\_\_ Please attach a copy of the license issued by the Florida Department of Business Regulations Division of Hotels and Restaurants. (*Occupational license will not be issued unless Restaurant License is attached*)

Will business sell **Alcoholic Beverages**? (Circle one) Yes No  
If yes, please attach a copy of the Alcoholic Beverage License issued by the State of Florida Department of Business Regulation, Division of Alcoholic Beverages & Tobacco (*Occupational license will not be issued unless Alcohol License Is attached.*)

Will business sell **Beer and Wine only, for consumption on premises**? (Circle one) Yes No



7. The use of the home office address shall be only for the purpose of receiving mail and not for any advertising purpose, nor shall the home office address be included in any phone directory listing.
8. No commercial vehicles shall be kept on the premises or parked overnight on the premises unless otherwise permitted by these regulations.

Initials \_\_\_\_\_

**SECTION #6: Fictitious Name Registration**

1. Effective October 1, 1994, section 205.023, Florida Statutes, is created to read: Requirement to report status of fictitious name registration:  
 As a prerequisite to receiving a local occupational license under this chapter or transferring a business license under s.205.033 (2) or 205.043(2), the applicant or new owner must present to the county or municipality that has jurisdiction to issue or transfer the license either:
  - (a) A copy of the applicant's or new owner's current fictitious name registration, issued by the Department of State; or
  - (b) A written statement, signed by the applicant or new owner, which sets forth the reason that the applicant or new owner need not comply with the Fictitious Name Act.
2. Subsection (14) is added to section 865.09, Florida Statutes, to read:  
 (14) PROHIBITION--A fictitious name registered as provided in this section may not contain the words "Corporation" or "Incorporated", or the abbreviations "Corp" or "Inc.," unless the person or business for which the name is registered is incorporated or has obtained a certificate of authority to transact business in this state pursuant to chapter 607 or chapter 617. However a business incorporated under chapter 607 or 617 is not required to register the corporate name pursuant to this section unless the name that the corporation intends to conduct business under differs from the corporation's name as stated in its articles of incorporation.

I/we attest to the one of the following (check one):

- That as of this date of Occupational License application, I/we **will not** be using a fictitious name as a sole proprietor, or as a DBA (Doing Business As) under a corporate name.
- That as of this date of Occupational License application, I/we **will** be using a fictitious name (attach copies of required documents).

Initials \_\_\_\_\_

**SECTION #7 : Affidavit of Applicant**

The undersigned has carefully reviewed this application and all information contained herein has been freely and voluntarily provided. All facts, figures and statements contained herein are true, correct and complete to the best of my knowledge and belief. The applicant also acknowledges and understands that the issuance of a City Business Tax Receipt is contingent upon a zoning compliance inspection and in conjunction with the issuance of a Certificate of Use and Occupancy. Failure to comply with the City's Ordinances may result in revocation of said Business Tax Receipt.

Name of Owner or Officer: \_\_\_\_\_ Title \_\_\_\_\_  
PRINT PRINT

Officer or Director: \_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public State of \_\_\_\_\_ Stamp/Seal of Notary

Personally Known [] Identification: \_\_\_\_\_