



**CITY OF MIAMI GARDENS
CODE COMPLIANCE DIVISION**
**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 \$12.00 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 # _____ Email _____

Corporate Information (*Check one*) Individual Partnership Corporation (List Partners or Corporate Officer Below)

NAME	DATE OF BIRTH	ADDRESS	PHONE
	/ /		
	/ /		

SECTION #2 Type of Business (*Check one*)

Retail Wholesale Service Professional Restaurant Other

(If other, please specify) _____

SECTION #3 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)**? (Check 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**? (Check one) Yes No Number of Physicians in the office _____

Is Business a **Moving Company**? (Check one) Yes No Number of Trucks _____

Is Business a **Courier Service**? (Check one) Yes No Number of Vehicles _____

Is Business a **Cosmetology Salon**? (Check one) Yes No Number of Chairs _____ Number of Cosmetologists _____

Is Business a **Building Contractor**? (Check one) Yes No Type(s)/Category(s) _____

Is Business a **Building Sub-Contractor**? (Check one) Yes No Sub-type(s)/Sub-category(s) _____

Is Business an **Apartment Rental/Motel/Lodging House/Hotel**? (Check one) Yes No If yes, how many units _____

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

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

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

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

Is Business a **Restaurant, Cafeteria, or similar establishment**? (Check 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. (Business License will not be issued unless Restaurant License is attached)

Will business sell **Alcoholic Beverages**? (Check 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 (Business License will not be issued unless State License is attached)

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

Will Business sell **Beer, Wine and Liquor** for consumption on premises? (Check one) Yes No

Will Business sell **Beer and Wine only**, for consumption off premises? (Check one) Yes No

Will Business sell **Beer, Wine and Liquor** for consumption off premises? (Check one) Yes No

Please note *If the proposed business will require an Alcoholic Beverage "On Premises" consumption license of any kind, there are important City Zoning Regulations which may affect your ability to obtain such a license.*

Any proposed change of use which may increase effluent flows in the city's sewer system will require written authorization from the Miami-Dade County Department of Environmental Resource Management (DERM) prior to the issuance of either a City of Miami Gardens Business license or certificate of use and occupancy. Applicants should contact DERM directly at (786) 315-2800.

SECTION #4 Merchants Annual Average Inventory

I/we/ the Corporation attest to the following:

N/A

The business is a retail business which is in the business of selling goods, jewelry or merchandise on a **Retail** basis.

The business is a wholesale business which is in the business of selling goods, jewelry or merchandise on a **Wholesale** basis.

The following is a report of the figure(s) for the above described business of the annual average cost of value of its inventory during the past fiscal year

Annual Average cost value of Retail inventory \$ _____

Annual Average cost value of Whole inventory \$ _____

SECTION #5 Home Based Business

In any instance where a residential unit is used to conduct a home business a home use license shall be required. No home use business license issued pursuant to the City Ordinance shall be transferable, assignable or otherwise alienable.

A home office shall be permitted in all residential zoning districts, subject to the following limitations (please initial the following):

1. The area of the dwelling unit devoted to a home office shall not exceed ten (10) percent of the total gross living are of the dwelling unit, including garages.
2. The home office shall not be conducted in any accessory building or other structure detached from the residence.
3. The home office use must be conducted by a member of the family residing in the dwelling unit, and no person shall be employed at any time in connection with the home office use who is not a member of the family residing in the dwelling unit.
4. No sign relating to the home office may be posted or displayed on the site and no vehicle with any sign displaying the home office use or home office residential address, which might serve to indicate that the dwelling unit is being used for a home office, may be located on the site.
5. No person or customer shall be serviced in person on the site nor shall the home office use be conducted in any way which would necessitate suppliers or customers visiting the site.
6. There shall be no display, manufacturing, storing, distribution or repair of any type of merchandise on the premises.
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 Business Tax Receipt 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 the issue or transfer the license either
- (a) A copy of the applicant's or new owner's current fictitious name registration, issued by the Division of Corporations of 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 one of the following (Check one)

- That as of this date of Business Tax Receipt application, I/we will not be using a fictitious name as a sole proprietor, or as a DBA (Doing Business As) under corporate name.
- That as of this date of Business Tax Receipt 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 _____