



CITY OF MIRAMAR

An Equal Opportunity Employer

Mayor

Wayne M. Messam

Vice Mayor

Alexandra P. Davis

City Commission

Winston F. Barnes

Maxwell B. Chambers

Yvette Colbourne

City Manager

Vernon E. Hargray

**"We're at the
Center of Everything"**

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar, FL 33025
www.miramarfl.gov

Phone (954) 602-3040
Phone (954) 602-3061
Fax (954) 602-3470
Fax (954) 602-4498

Email: businesstax@miramarfl.gov

Re: Business Tax Receipt Commercial Application

Dear Sir or Madam:

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to acquire a City Business Tax Receipt. **This process has two steps.**

Step 1: Complete the Certificate of Use process with Building Department. This process must be approved first before your business tax application can be processed. Applications are available in the City of Miramar's Community and Economic Development, Building Division.

Step 2: Complete the enclosed 4-page application and return it with the requirements listed below.

Business Tax Requirements:

1. **Photocopy of the applicant's driver license.** (Must be valid and clear)
2. **Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.**
3. **Photocopy of any state issued license and/or certificates.** (See attached listing for applicant's who must have this requirement. If your business type is listed, you will need this requirement when submitting your application.)
4. **Photocopy of the business lease or warranty deed.** (Must be signed by all parties. No electronic signatures accepted. Deed must be certified by Broward County Records)
5. **Photocopy of the Employer Identification Number (EIN) on the form from the IRS.**
6. **Photocopy of the General Liability Insurance Certificate.** (Must be on the Acord Form and must list the Miramar business address)
7. **Photocopy of the Waste Pro Contract Agreement.** (If you're sharing a container and it's not listed in your lease agreement, please provide the City with a copy of the business you're sharing with contract agreement and a notarized letter from the owner authorizing you to share the container. Please Note: If the business you're sharing the container with account is not current you will need to set up your own account.)
8. **A non-refundable application fee of \$25.00.** The license fee is due once your application is approved. (** License fees may change based on your final fire inspection **)

Please return in person or mail with all requirements to:

City of Miramar
Business Tax Office
2300 Civic Center Place
Miramar FL 33025

**City Of Miramar
Business Tax Office
2300 Civic Center Place
Miramar Fl 33025**

Business Tax Receipt Commercial Application

Date: _____

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. Please complete all the sections of this application. The application process will take five to seven business days. **The application must be signed and notarized.** All necessary photocopies will need to be made by the applicant. Failure to answer all sections in its entirety will result in the denial of your license under Chapter 11, Miramar City Code. **You must also obtain a Broward County Business Tax Receipt.**

Business Name: _____

Business Address: _____ (ZIP)

E-mail Address: _____

Business Phone Number: (____) _____ Business Fax Number: (____) _____

Federal Tax ID Number: _____

Contact Person: _____

Contact Person Phone Number: (____) _____

Form of Business: () Individual () Partnership () Corporation () Other

Mailing Address if different from Business Address:

Name: _____

Address: _____

City, State, & Zip: _____

Business Operation: (Please indicate below in detail the business operations)

In case of an emergency who should the City notify?

Emergency Contact Person: _____

Emergency Contact Number: (____) _____

Business Tax Receipt Commercial Application Continued

Applicant's Name:

Applicant's Address:

_____ (CITY) (ZIP)

Date of Birth: _____ Soc. Sec. No. _____

Driver's License No: _____ Phone No. _____

***** Applicants information is needed for business owner or an on-site manager at the Miramar location *****

If you are a retail or wholesale merchant, your license fee will be based on the value of your inventory. Inventory shall mean the average selling value of annual inventory owned by the business, exclusive of excise taxes and other license fees. The fee schedule is as follows:

Merchant retail stock up to \$6,000	\$243.11
Merchant retail stock over \$6,000 each addn't \$1,000 will be	\$15.80
Merchant wholesale stock up to \$90,000	\$181.74
Merchant wholesale stock over \$90,000 each addn't \$1000 will be	\$0.91

() Wholesale Inventory Value \$ _____

() Retail Inventory Value \$ _____

Business Tax Receipt Commercial Application Continued

Please complete the classification factors that apply to your business. Indicate the number of employees **including** you and any family member working.

of Employees _____ / _____ # of Rooms _____ # of Units _____ # of Floors _____
(FT/PT) (Hotel/Motel Only) (Apts/Condos Only)

of Buildings _____ Guard Gates () Yes () No # of Units _____ # of Persons _____
(Multi-Residential) (Storage Facilities Only) (Church/Assembly Occupancies)

of Barbers _____ # of Operators _____ # of Agents _____
(Beauty/Nail Salon) (Real Estate/Insurance)

of Persons _____ # of Students _____
(ALF/Group Home/Other Res Based Facility) (Schools & Child Care Facility)

Restaurants: () Eat-In () Take-Out () Drive-Thru () Out Door Seating () Yes () No

Restaurants: Seating Capacity _____ Hood System If yes, how many? _____

of coin operated machines: Games _____ Vending _____ Music _____

Washers _____ Dryers _____ Pool Table(s) _____ Food/Candy _____ Soda _____

of Trucks/Vehicles _____ # of Fuel Hoses _____ Drive-Thru Car Wash _____
(Parked overnight at Miramar Location) (Gasoline Stations Only)

Square Footage _____ () Fire Alarm () Sprinkler System () Elevators () Spray Booth
(Must have Square Footage)

Do you have Hazardous Chemicals/Materials store at your Miramar location? _____

Do you have a generator at your Miramar location? _____

Business Tax Receipt Commercial Application Continued

Have you been convicted of a felony or misdemeanor within the past three (3) years? If yes, what offense were you convicted of? _____
Have you civil rights been restored? _____ If yes, provide copies of documents restoring your civil rights.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20_____.

Personally appeared: _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

(SIGNATURE OF NOTARY)

(SEAL)

If your license has been denied or if there is dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

FOR BUSINESS TAX OFFICE USE ONLY:

Approved: _____

Denied: (State Reason) _____

Designee

Date