Re: Business Tax (Child Care Home)

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 get a City Business Tax Receipt.

Step 1: Complete the enclosed 4-page application and return it with the requirements listed below.

**Business Tax Requirements:**

1. Photocopy of the applicant’s Florida Driver License

2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.

3. Photocopy of the Training Certificates from State of Florida (30 Hour Training, CPR, First Aid and State of Florida License)

4. Photocopy of the Employer Identification Number on the form from the IRS or Photocopy of owner’s Social Security Card.


6. Photocopy of the Completed Fire Inspection by City of Miramar Fire, Life and Safety Department.

7. A non-refundable application fee of $10.00. 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
www.miramarfl.gov

Phone (954) 602-3040
Phone (954) 602-3081
Fax (954) 602-3470
Fax (954) 602-4498
Email: businesstax@miramarfl.gov
City of Miramar  
2300 Civic Center Place 
Miramar, Florida 33025  

Business Tax Receipt Application for Child Care (Home)  
The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take five to seven business days. All information on this application must be accurately and in its entirety. The City of Miramar will conduct a criminal history background check on the applicant. Your failure to answer all the questions in its entirety will result in the denial of the license under Chapter 11, Miramar City Code. This application must be signed by the applicant and notarized. All necessary photocopies will need to be made by the applicant. You must also obtain a Broward County Business Tax Receipt.

Date: ______________________________________

Business Name: ______________________________________

Business Address: ______________________________________ 
(zip)

Phone No: (___) __________________ Form of Business: ( ) Individual ( ) Partnership

If your form of business is a partnership we will need to have your partner’s information.

Describe your business operations in detail: (please list all services provided)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are you the owner of this property? YES ___ NO ___ If no, please provide us with a copy your residential lease and a notarized letter from the property owner(s). (Notarized letter must include permission to operate a childcare from the property and all of the owner(s) contact information. The letter must be signed and notarized by all owners)
Number of children: ______________

Number of Infants ___ Number of Preschool ___ Number of School-Age ___

Hours of Operation __________________________________________

How many employees are working at the child care? (Including yourself as one)

No. of Employees:

__________________ / __________________
(Full-time) (Part-time)

Are any of these employees not a member of your immediate family?

YES _____ NO ______

How many employees will be traveling to your home? ________________

******************************************************************************

Please attach a photocopy of any training certificates for all your employees.

Each Employee must have:

1. First Aid Training Certificate

2. Infant & Child Cardiopulmonary Resuscitation (CPR) Certificate

3. 30 Hour Family Child Care Home Training Certificate
Business Tax Receipt Application for Child Care (Home) continued

Operator’s Full Name: __________________________________________________________

Operators Current Address: __________________________________________________ (city) (zip)

Date of Birth: __________________________ Soc. Sec. No: ______________________________

Driver’s License No: ________________________________
(Must have a valid State of Florida License or Identification Card)

Mailing Address, if different: __________________________________________________

__________________________________________________________

Operators email address: ____________________________________________

Please list all family members residing in the home where the family child care is located.

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<th>Name (first, middle(maiden), last)</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
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Page 3
Please be advised that the City of Miramar relies upon the accuracy of your responses to the questions answered on this application in determining whether your Business Tax Receipt should be granted. If the City of Miramar determines that the Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City reserves the right to revoke your license, cite you with a Code Compliance violation or take appropriate action to bring your license into conformance with City regulation.

I have read and agree to the above terms and conditions. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar. I understand that I MUST have zoning approval before I start operating as a Home Child Care. I have answered all questions in this application fully, truthfully and correctly.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF ________________________________

Sworn to and subscribed before me this ______ day of ___________ 20__.
Personally appeared ________________________________ who is personally known or produced identification. Type of Identification Produced ____________________________________

__________________________________________ (SEAL)

Signature of Notary

If your license has been denied or if there is a 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 INTERDEPARTMENTAL USE ONLY (ZONING DEPARTMENT):

Please review this application and return it to the Business Tax Office.

Approved: __________________

Denied: (State Reason) ____________________________________________________________

__________________________________________

Department Head or Designee __________________________ Date ___________