Re: Business Tax Receipt Commercial Application (Transfer)

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. If your business is moving from one Miramar address to a new Miramar address, this application needs to be submitted. **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.

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.)*

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 an Acord Form and must list the Miramar business address)*

7. Photocopy of 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 $40.00. 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
Business Tax Receipt Commercial Application (Transfer)

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 such license under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

Business Name: __________________________________________________________

New Business Address: ______________________________________________________

E-mail Address: ___________________________________________________________

Business Phone Number: (____)______________ Business Fax Number: (____)________

Federal Tax ID Number: ____________________________________________________

Contact Person: __________________________________________________________

Contact Person Phone Number: (____)_______________________________________

Old business information:

Name: _________________________________________________________________

Address: ______________________________________________________________

Transfer Date: ________________, License Number: __________________________

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: (____)__________________________________________
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 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 Transfer 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 Transfer 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.

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 INTERDEPARTMENTAL USE ONLY:

Approved: __________

Denied: (State Reason)
____________________________________

____________________________________

Department Head or Designee ___________________________ Date _________