



ACCOUNT # <hr/>
CZU:

Business Tax Receipt Application

Please make sure to fill out the application completely and legibly, and that you submit all required documentation to prevent any delays or denial of your application. If a question does not apply, please write N/A for that item. Payment of fees due upon application does not constitute approval. If you open your business prior to receiving your Business Tax Receipt, the City may charge additional penalty fees, place a lien on this property, or shutdown your business.

- New Business**
- Transfer of Location From:** _____
- Transfer of Ownership From:** _____
- Amendment:** _____

Date Applied:	Date Opening:	Hours & Days of Operation:
Trade/DBA Name:		Corporate Name:
Business Address:		Mailing Address:
Business Phone:		Alternate Phone:
Business Fax:		Plaza/Building Name:
E-mail:		Website:

Name, Title and Home Address of All Persons Associated With the Business: *(If additional space is needed, please attach.)*

1. _____
2. _____
3. _____
4. _____

Complete Information Below, if applicable:

Fictitious Name Registration (Please submit a copy of your registration with the application.) **OR** check the appropriate box below: This certifies that the above-named business is exempt from registering for a fictitious name for the following reason: (check one)

- It is a registered legal entity with the State of Florida.
- I am licensed by the Department of Business & Professional Regulation or the Department of Health.
- It is operated under the legal name(s) of the owner(s).

Federal Tax Id #: _____ Incorporation Reg #: _____

State Certificate #: _____ (Please submit a copy with the application.) Square Footage of Space: _____

1. Is this business location run on Septic Service? Yes No
2. Previous Business Use of Property: _____ Previous Business's Name: _____
3. Is this a minority-owned business? (optional) Yes No
4. Are you interested in receiving information from the City regarding economic development opportunities, programs or grants? Yes No
5. Total number of employee's: _____

Property Owner/Landlord Name: (if different from business owner)	Trade/DBA Name:
Mailing Address:	Business Phone:

DETERMINATION OF BUSINESS TAX FEES

Nature of Business: Please provide a detailed description of what products will be sold and what services will be rendered.

1. Are you sharing space with another business? Yes No - If **YES**, Business Name: _____
(Please submit a letter from this Business verifying same.)
2. Will you be serving alcohol on the premises? Yes No - If **YES**, do you have a 2COP 4COPSRX 4COP
3. Are you requesting an extension of hours? Yes No - If **YES**, select: 2:00 am - 4:00 am 4:00 am - 6:00 am
4. Is this business going to have retail or wholesale? Yes No - If **YES**, provide the Cost of Inventory: \$ _____
5. Is this a home-based business? Yes No - If **YES**, indicate your vehicle: Make: _____ Model: _____ Year: _____
6. Are you designated by the IRS as a 501(c)3? Yes No - If **YES**, please submit documentation of status.
7. Are you claiming any exemptions per F.S. Chapter 205? Yes No - If **YES**, please submit documentation of status.

I, _____, as authorized agent for the above-referenced business do hereby certify that:

1. I have read, understand and will comply with all applicable ordinances of the City of North Miami Beach as it may relate directly to the nature of this business.
2. I will not open a business prior to paying for and receiving my City Business Tax Receipt and my Miami-Dade County Business Tax Receipt (if applicable).
3. I understand that any false or misleading information or failure to comply with the Code of Ordinances of the City of North Miami Beach at anytime could result in the shutdown of my business, a lien being placed on the property, revocation of my City Business Tax Receipt, and additional fines, penalties, and cost collection fees.
4. I acknowledge that my Business Tax Receipt expires on September 30th of each year and that I am responsible for annually submitting all required documents and applicable fees prior to that date or I will be responsible for ALL additional fines, penalties, and cost collection fees provided for by the Code of the City of North Miami Beach and ALL applicable Florida Statutes.
5. I will immediately notify the City, in writing, if this business has any change(s) of ownership, location, contact information, nature of business and/or when this business ceases operations.
6. I understand that the following fees are non-refundable, as per Chapter XII of the City's Code of Ordinances: Application Fee, Building Inspection Fee, and Certification of Zoning Fee .

X _____ Date: _____
Signature of Authorized Agent

_____ Title: _____
Print Name

Fees & Payment Information (For Office Use Only)					
Class Code:		Application Fee		Total Due:	
Class Code:		Certificate of Zoning Use Fee		Payment Type:	
Class Code:		Building Inspection Fee			
Class Code:		Penalties		Late Fee	
Class Code:		Transfer Fee		Received By:	Date Routed:

Administrative Approvals (For Review Departments Use Only)				
Department	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date	Conditions