



Business Tax Receipt Application

***This application is NOT your Business Tax Receipt. Do not operate your business until the CU and Business Tax Receipt are issued**

Certificate of Use #: _____

Application Date: _____

Application Check List (required documents):

- Approved Certificate of Use DERM* Insurance
- Articled of Inc. (if applicable) Federal ID No Fictitious Name Registration
- State License (if applicable) Resort Tax Registration Executed Lease/Recorded Deed/ Signed Sharing Space Letter/Rental Slip Agreement

Type of Application:	<input type="checkbox"/> New Business <input type="checkbox"/> Change of Owner <input type="checkbox"/> Adding Seats	<input type="checkbox"/> Additional Service/Occupation <input type="checkbox"/> Change of Location
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Type of Business:

Business Information

Business Name:	<input type="checkbox"/> Lease <input type="checkbox"/> Own
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Business Location:	Hours of Operation:
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Owner's Information

Name of Owner/Principal:	Date of Birth:	SSN:
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Federal ID No:	DL No.	State
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Home Address:			
Street	City	State	Zip

Home Phone:	Business Phone:	Cell Phone
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Email Address:

Contact Information

Send Business Mail to Attention of:	Business Phone:
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Address:			
Street	City	State	Zip

Name of Emergency Contact:	Phone Number
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Is the Business a:

Hotel or Apartment?	How many units? _____ How many washers/dryers (owned)? _____ Swimming Pool? How many? _____
Restaurant?	How many seats inside? _____ How many seats outside (private property only) _____ Hours of Serving Alcohol? <input type="checkbox"/> Until Midnight <input type="checkbox"/> Until 2am <input type="checkbox"/> Until 5am <i>*If there will be seats outside on the public property (sidewalk), a Sidewalk Café Permit is required. Contact Public Works at 305-673-7080.</i>
Office?	Approximate sq. ft.? _____
Retail Establishment?	What is the retail value of the inventory? General: \$ _____ Food: \$ _____ Liquor: \$ _____
Beauty/Nail/Barbershop?	How many stations? _____
Motor Scooter Rentals?	How many scooters? _____ Where are you storing the scooters? Address: _____

*Review and approval of a Municipal Certificate of Use from the Department of Regulatory and Economic Resources (RER) is also required. Approvals from other regulatory agencies may be required. Follow this link to apply: <https://wwwx.miamidade.gov/Apps/RER/EPSPortal/>

For a sign permit, please contact the Planning Department at 305-673-7550.

Any person who is applying for a Business Tax Receipt in the City of Miami Beach, who shall knowingly make a false statement and/or knowingly fail to disclose and/or misrepresent the information requested shall be subject to penalties authorized by State law and City Code Section 102-375.

I understand that it is my responsibility to follow-up on the approval process for this application.

I HAVE READ THIS APPLICATION AND I DO FREELY AND VOLUNTARILY CONFIRM THAT THE STATEMENTS AND INFORMATION CONTAINED THEREIN ARE TRUE AND CORRECT.

Print Name	Signature	Date

FEES**

Application Fee (Non-Refundable)	see Schedule of taxes; City Code Section 102-379
BTR Fee- Based on Business type	see Schedule of taxes; City Code Section 102-379
Resort Tax Registration Fee (Non-Refundable)	see Schedule of taxes; City Code Section 102-379

**Fees are subject to change every fiscal year whenever there is a change in the Consumer Price Index (CPI).