



City of Miramar
An Equal Opportunity Employer

Mayor

Lori C. Moseley

City Commission

Winston F. Barnes

Alexandra P. Davis

Wayne M. Messam

Troy R. Samuels

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

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar FL 33025
businesstax@ci.miramar.fl.us

Phone (954) 602-3040
Phone (954) 602-3061
FAX (954) 602-3470

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 get a City Business Tax Receipt. ***This process has 3 steps.***

Step 1: Complete the Certificate of Use application. (Available at the City of Miramar Zoning Office)

Step 2: Complete the enclosed 5 page application and return it with the requirements listed below.

Step 3: Complete all necessary inspections required by the City of Miramar Building Department

Business Tax Requirements:

1. Photocopy of applicant's driver's 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)
4. Photocopy of the business lease or Bill of Sale.
5. Photocopy of Employer Identification Number (EIN) or Federal Tax Identification Number form from the IRS.
6. Photocopy of Liability Insurance Certificate.
7. Photocopy of Waste Pro Contract Agreement. *(If you're sharing a container, please provide the City with a copy of the business you're sharing with contract agreement with 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 \$105.25 plus the license fee is due once your application is submitted.

Mail or Return all requirements together to:

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

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	\$210.00
Merchant retail stock over \$6,000 each addn't \$1,000 will be	\$13.65
Merchant wholesale stock up to \$90,000	\$157.00
Merchant wholesale stock over \$90,000 each addn't \$1000 will be	\$0.79

() Wholesale Inventory Value \$ _____

() Retail Inventory Value \$ _____

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

Background Check Required Information

In accordance with the chapter, in order to determine whether a person applying for a Business Tax Receipt has been convicted of any misdemeanor or felony within the preceding three (3) years, the City shall conduct a criminal history check pertaining to the applicant before the issuance of such license. This fee shall be payable when your application is submitted.

Criminal History Information: *All information must be complete.*

Applicant's Full Name: _____	
Date of Birth: _____	Soc Sec Number: _____
Driver's License Number: _____	
Sex: _____ (M or F)	Race: _____ Race Codes: W = White; B=Black; I= American Indian, Indian, or Alaskan Eskimo; A= Asian or Pacific Islander; U= Unknown *** Indicate Hispanic persons as white or black based on skin color ***
Applicant's Current Home Address: _____	

By signing this form you're authorizing the City of Miramar to process a Criminal History Check.

Applicant's Signature: _____

Date: _____