



**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 FI 33025  
[businessstax@miramar.fl.us](mailto:businessstax@miramar.fl.us)

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

Re: Business Tax Receipt Application for Apartments

Dear Sir or Madam:

Any person, who owns or manages an apartment complex with four units or more within the City, is required by City ordinance to get a City Business Tax Receipt.

**This is a three step process.**

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

Step 2: Complete the Certificate of Use application. (Available at the City of Miramar Zoning Office) A copy of your payment receipt from the Business Tax Office is needed to process your Certificate of Use application.

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

**Business Tax Requirements:**

1. Photocopy of applicant's Florida Driver's License.
2. Photocopy of the State of Florida Articles of Incorporation Certification number **or** Photocopy of the State of Florida Fictitious Name Registration
3. Photocopy of Settlement Statement or Bill of Sale for Miramar Property.
4. Photocopy of Liability Insurance Certificate.(Miramar Property)
5. Photocopy of State of Florida license from the Division of Hotels And Restaurants.
6. Photocopy of Employer ID Number form from the IRS.
7. Photocopy of Waste Pro Contract Agreement.
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 to:

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

**City Of Miramar  
Business Tax Office  
2300 Civic Center Place  
Miramar Fl 33025**

**Business Tax Application (Apartments)**

**Date:** \_\_\_\_\_

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take ten to fifteen business days. Please complete all the information in this application truthful and correct. ***The application must be signed and notarized.*** All necessary photocopies will need to be made by the applicant. The City of Miramar will conduct a criminal history background check for the applicant. Failure to answer all questions fully and truthfully will result in the denial of your application under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

**Apartments Name:** \_\_\_\_\_

**Apartments Address:** \_\_\_\_\_  
(Zip)

**Date of Purchase:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person Phone Number:** ( ) \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Contact Number:** ( ) \_\_\_\_\_

Business Tax Receipt Application (Apartments) Continued

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(CITY) (ZIP)

Date of Birth: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Please complete all business classifications.**

**Additional Classification Factors:**

No. of Units _____
No. of coin operated machines: Washers _____ Dryers _____
Square Footage _____ <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler System <b>(Must have Square Footage)</b>

## 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.*

<b>Applicant's Full Name:</b> _____	
<b>Date of Birth:</b> _____	<b>Soc Sec Number:</b> _____
<b>Driver's License Number:</b> _____	
<b>Sex:</b> _____ (M or F)	<b>Race:</b> _____ 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 ***	
<b>Applicant's Current Home Address:</b> _____	

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

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Business Tax Receipt Application (Apartments) 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



# City of Miramar

## Business/Vendor Profile Survey

The City of Miramar is in the process of updating our Vendor Profile Records and requests that every vendor, supplier, contractor, etc, that is currently doing business or has in the past provided services to the City provide the following information:

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Contact Person (Regarding This Form):

### Type of Business (check the appropriate type):

- CONSTRUCTION SERVICES**  
Firms involved in the process of building, altering, repairing, improving or demolishing any structure, building or real property.
- ARCHITECTURE AND ENGINEERING (A&E) SERVICES**  
Firms involved in architectural design, engineering services, inspections and environmental consulting (materials and soil testing) and surveying.
- PROFESSIONAL SERVICES**  
Includes those services that require special licensing, educational degrees, and unusually highly specialized expertise.
- BUSINESS SERVICES**  
Involves any services that are labor intensive and not a construction related or professional service.
- COMMODITIES**  
Includes all tangible personal property services, including equipment, leases of equipment, printing, food, building materials, office supplies.

A Small Disadvantaged Business Enterprise (SDBE) is defined as a small business concern that is at least fifty-one (51) percent beneficially owned and which is routinely managed by one or more of the following (Please identify your respective SDBE category):

African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian-Indian American \_\_\_\_\_  
Asian-Pacific American \_\_\_\_\_ Native American \_\_\_\_\_  
Any woman not included among the aforementioned categories \_\_\_\_\_

Thanks in advance for your cooperation in the completion and return of this requested information.