



Village of Palmetto Bay

Certificate of Use and Local Business Tax Procedures

Prior to the issuance of any Certificate of Use and Business Tax Receipt, the applicant shall comply with the following requirements:

1. Complete application and submit to the Village's Planning & Zoning Department for its review. The application, if approved by the Planning & Zoning Department, will be assigned a process number and a processing fee will be collected by the cashier in the amount of \$175.00 at the time of submittal. Business Tax Application must be submitted at the same time for review and the fees will be collected at a later time.
2. For your fire inspection, contact **Miami Dade County Fire Rescue Department at (786) 331-4800 (for faster processing, press option #2) to request a safety inspection.**
3. Once the application receives a process number from the Village, the applicant must take the application to the Department of Environmental Resource and Management (DERM) of Miami Dade County for their review and approval stamp. The office is located at **11805 SW 26 Street (Coral Way) Miami, FL 33175, phone (786) 315-2800**. For any associated fees please contact DERM directly. Office hours are 7:30 am to 4:00pm. DERM's approval process may be obtained while waiting for Miami-Dade Fire inspection.
4. Once DERM has approved and stamped the Certificate of Use application, bring it together with the approved fire inspection report (report from Fire Department can be forward to mrodriguez@palmettobay-fl.gov). All businesses applying for a new Certificate of Use are subject to a site inspection(s) as a prerequisite of the issuance of any certificate. If the inspection passes, the Planning & Zoning Department will proceed for issuance of Certificate of Use and Business Tax Receipt(s). In the event that further inspection(s) are required, it is the applicant's responsibility to contact the Planning & Zoning Department to arrange follow-up inspections.



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5. As a courtesy, the Planning & Zoning Department suggests the applicant to contact Miami-Dade County Business Tax Receipt Department located at Downtown at 140 W Flagler Street, 14th Floor or www.miamidade.gov

PLEASE READ CAREFULLY

For the Village of Palmetto Bay Planning & Zoning Department to be able to process your Certificate of Use and Local Business Tax Receipt, it is necessary that the applications be complete and include all required attachments. During the process reviewing submitted applications, the applicant(s) may be asked to submit additional information. The Village does not guarantee a certificate or license upon submission of your application. **Submission of an application for this process or a Certificate of Completion/Occupancy does not imply consent to operate your business therefore, you shall not conduct any business until a Certificate of Use and Local Business Tax Receipt is issued.** The Village may not be held responsible for improvements you make at the location prior to all approvals given for the issuance of Certificate of Use and your Local Business Tax Receipt. Proper permits must be obtained for all alterations, remodeling, change of occupancy and repairs affecting the electrical, plumbing, mechanical or building structure.



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CERTIFICATE OF USE APPLICATION

Date: _____ Folio No: _____ S _____ T _____ R _____

BUSINESS INFORMATION:

Name of Business/ DBA: _____
Business Primary address: _____ Zip Code: _____
Telephone #: _____ Fax #: _____ Sq. Ft: _____
Applicant Email Address: _____
Type of Business, describe in detail _____

Home Office ___ Medical Office ___ Admin Office ___ School ___ Retail ___ Restaurant (Take Out)
___ Restaurant (Patron area Sq. Ft) ___ (Back of the House Sq. Ft) ___ Others _____

Previous type of business in location in which you will conduct your business _____

Are you sharing space with another business? Yes ___ No ___
If the answer is yes, please provide the business name, license number, and use of the primary
business _____

PERSONAL INFORMATION:

Corporate officer/ owner: _____ Title: _____
Address: _____
City: _____ State _____ Zip Code _____
Telephone # _____ Fax # _____

Signature of the applicant & landlord verifies the above information is true and correct. Signator(s)
understands the conditions under the Certificate of Use is being approved and accepts that no
charges or refunds can be made once is process. Signator(s) authorized to sign for the business and
understand that any misrepresentation of information on this application may result in the revocation
of the CU and/or possible enforcement action being initiated against the business and/or is
authorized representative. Signator(s) further understands that a separate Certificate of Occupancy (if
applicable) and Local Business Tax Receipt are also required. Signator(s) agrees to comply with all
Federal, County and local laws.

Print Name _____

Signature of Applicant _____

Print Name _____

Signature of Landlord _____

DEPARTMENT USE ONLY:

Processor: _____ Zoning: _____ Resolution #: _____ Bldg Permit #: _____
Approved ___ Denied ___ Certificate of Occupancy/Completion: _____
Condition under which approved/Denied _____
Process # _____ Certificate # _____



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LOCAL BUSINESS TAX RECEIPT APPLICATION

CHECKLIST OF ATTACHMENTS

The following is a checklist of attachments which your application *may need to have* in order to be processed. Please attach the required documentation to the application.

1. If new business, attach a Certificate of Use and/or Certificate of Occupancy issued by the Village of Palmetto Bay.
2. If existing business, attach a copy of the Certificate of Use and/or Certificate of Occupancy issued by Miami-Dade County.
3. Proof of approved sanitation services if an eating establishment
4. Corporate documents showing the Federal Identification Number and registration as a Corporation/Fictitious name.
5. Lease Agreement for Square Footage figures.
6. Copy of Employer Identification Number (EIN).
7. Provide copy of any required state license in order to operate business.

APPLICATION

Instructions: Please print or type to allow for a more accurate processing of your application.

Name of Business or Applicant:

Commence Date: _____

Business Address: _____

Business Telephone: _____ Business Fax: _____

Applicant email address: _____

Please indicate what products will be sold or services rendered:

Please indicate below if this is a new or existing business:

NEW *please provide a Certificate of Use and/or Certificate of Occupancy issued by the Village of Palmetto Bay.*

EXISTING *please provide a copy of the Certificate of Use and/or Certificate of Occupancy issued by Miami-Dade County.*

Name of Business Owner:

Social Security #: _____ Driver's License #: _____

Business Owner's Mailing Address:

9705 East Hibiscus Street - Palmetto Bay, FL 33157

P: 305-259-1271 F: 786-338-7432



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Business Owner's Home Telephone:

If this business is a proprietorship, please provide the name of the proprietor:

If this business is a partnership, please provide the names of the partners:

If this business is a corporation, please provide the names of the officers and their titles in the space provided below:

Please submit the corporate documents showing the Federal Identification Number and/or the Registration of Corporation and/or Fictitious name. Please provide proof of approved sanitation services, if applicable.

WILL THIS BUSINESS...

- | | |
|--------------------------------------|--|
| 1. Be a professional association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Join an existing office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have door-to-door service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Operate from a home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Require state licensing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Be licensing fee exempt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Serve liquor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Serve food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Sell tobacco products? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have day or adult care services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Deal with hazardous materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, describe the work below.

GENERAL INFORMATION

Instructions: Please write N/A if the question is not applicable to the type of business you are applying for.

1. What is the gross floor area of the business facility? _____ square feet.
2. What is the number of parking spaces exclusively for this use? _____ regular spaces
_____ Handicap _____ stroller.
3. What is the number of employees including owners and management? _____ employees.



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4. What is the number of coin operated machines at location? (i.e. cigarette, soda, washer, drier, etc.) _____ machines.

5. What is the number of units? _____ units.

All information provided by the taxpayer will become part of the public records except the SSN, which is protected by the confidentiality law of the State of Florida. If you claim exemption under F.S. 119 for another reason, please indicate in writing and attach to this application.

AFFIDAVIT

State of _____)
County of _____)

_____ being first duly sworn, deposes and says

that: He/she is the (Owner, Partner, Officer, Representative or Agent) _____ of (name of business/applicant) _____, and that matters and facts stated in this application are true to his/her knowledge, and that he/she, in the aforementioned position is authorized to execute this application for the purposes of obtaining a Local Business Tax Receipt from the Village of Palmetto Bay.

Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

Print Name and Title Notary Public, State of Florida

My Commission Expires: _____

Any questions concerning this application should be referred to Planning & Zoning Department, 9705 East Hibiscus Street, Palmetto Bay, FL 33157. Hours of operation are 8:30 a.m. through 5:00 p.m. You may also call (305) 259-1271 or email mrodriguez@palmettobay-fl.gov

OFFICE USE ONLY:
Date Submitted: _____ Process Number: _____ License Number: _____