



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 an 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 If new, *please provide a Certificate of Use and/or Certificate of Occupancy issued by the Village of Palmetto Bay.*

EXISTING If 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: _____

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 registration as a Corporation/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
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) 259-1250 or email mrodriguez@palmettobay-fl.gov

OFFICE USE ONLY:

Date Submitted: _____ Process Number: _____ License Number: _____