



City of Miami APPLICATION FOR BUSINESS TAX RECEIPT

444 SW 2nd Avenue 7th Floor, Miami, FL 33130, (305) 416-2087
CodeCompliance@miamigov.com

Florida Statutes require that all Businesses operating under a Fictitious Name must submit State Registration documents.

BUSINESS INFORMATION

1. Business / Corporation Name:	2. DBA / Fictitious Name:	3. Telephone #:
4. Business address / location:		
5. FEI #: _____ or SSN: _____	6. E-mail: _____	
7. Mailing Address (if different from business address): _____		
City: _____ State: _____ ZIP Code: _____ Responsible Party: _____		
8. Has the Applicant ever had a City of Miami Business Tax Receipt or Occupational License suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
9. Nature of Business activity/Service(s) provided:		
10. For Special Events (Fairs, Circus, etc.) enter: Start Date: _____ and End Date: _____		
11. If applicable to Business, please fill-in the appropriate space(s) below: Amount of: Seats: _____ Rooms: _____ Employees: _____ Sq. Ft. _____ # of machines: _____ restaurant apartments manufacturing parking lot vending machine		
12. Inventory value: \$ _____ Other: _____ retail, wholesale, drug store, grocery, cigar & tobacco products		
13. List name(s) of personnel that are licensed by the State of Florida and submit copy of State License. Attach additional sheets if necessary. Name and Social Security Number Name and Social Security Number _____/____-____-____ _____/____-____-____ _____/____-____-____ _____/____-____-____		

EMERGENCY LOCATOR

14. Florida Statutes require you to list three individuals who are able to arrive at the Business location within 15 minutes of notification of fire, burglary or other emergency. Ideally these individuals should have access to door locks and alarms.

Name	Address	City/State	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This information is given freely and voluntarily and all the facts, figures, and statements contained in this Application are true and correct.

REMARKS:	_____	_____
	Applicant to Print Name	_____/____/____ Date
	Signature of Applicant	

OFFICE USE ONLY:	<input type="checkbox"/> MRC <input type="checkbox"/> NET <input type="checkbox"/> CODE ENFORCEMENT	CHECK# _____
<input type="checkbox"/> ADD NEW BUSINESS		PRICE: \$ _____
<input type="checkbox"/> ADD RECEIPT DETAIL		DISCOUNT: \$ _____
<input type="checkbox"/> NAME, OWNER OR ADDRESS CHANGE (TRANSFER)		PRORATE: _____
LIC CODE(S) #: _____	LICENSE TITLE(S): _____	
CUST #: _____	BILL #: _____	BUS #: _____
	CU #: _____	ORACLE #: _____
_____	_____	_____/____/____ Date
Reviewed by	Data Entry by	