



## CITY OF MIRAMAR

An Equal Opportunity Employer

### Mayor

Wayne M. Messam

### Vice Mayor

Yvette Colbourne

### City Commission

Winston F. Barnes

Maxwell B. Chambers

Alexandra P. Davis

### City Manager

Dr. Roy Virgin

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

City of Miramar  
C/O Business Tax Office  
2300 Civic Center Place  
Miramar, FL 33025  
[www.miramarfl.gov](http://www.miramarfl.gov)

Phone (954) 602-3040  
Phone (954) 602-3061  
Fax (954) 602-3470  
Fax (954) 602-4498

Email: [businesstax@miramarfl.gov](mailto:businesstax@miramarfl.gov)

Re: Business Tax Receipt for Bed & Breakfast, Short-Term Rentals and Vacation Rentals 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 acquire a City Business Tax Receipt. **This process has three steps.**

**Step 1:** Must register with the City of Miramar Police Department for a Bed & Breakfast, Short-Term Rentals or Vacation Rentals.

**Step 2:** Complete the Certificate of Use process with Building Department. This process must be **approved first before your business tax application can be processed.**

**Step 3:** Complete the enclosed 3-page business tax application and return it with the requirements listed below.

### Business Tax Requirements:

1. Photocopy of the State of Florida Driver License or the State of Florida Identification Card.
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of the State of Florida Public Lodging License.
4. Photocopy of the Settlement Statement or Warranty Deed for the property. *(Documents must be signed by all parties and/or certified by Broward County)*
5. Photocopy of the Employer Identification Number (EIN) on the form from the IRS.
6. Photocopy of the General Liability Insurance Certificate. *(Must be on the Acord Form and must list the Miramar address. Please see additional insurance information in the application)*
7. Photocopy of the completed and passed Fire Inspection by Miramar Fire Rescue.
8. A non-refundable application fee of \$10.00. *This is not the business tax fee; the business tax fee is due once your application is approved. (\*\*\* License fees may change based on your final fire inspection \*\*\*)*

Please return in person or mail with all requirements to:

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

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

**Business Tax Receipt Application Bed & Breakfast, Short-Term Rentals and Vacation Rentals**

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

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. Please complete all the sections of this application. The application process will take five to seven business days. **The application must be signed and notarized.** All necessary photocopies will need to be made by the applicant. The unit must be owner-occupied and a local responsible representative must be available on call 24 hours per day, seven days per week. All renters/guest must be in compliance with all city parking, noise and property maintenance regulations. Failure to answer all sections in its entirety will result in the denial of your license under Chapter 11, Miramar City Code. **You must also obtain a Broward County Business Tax Receipt.**

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

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

Business Email Address: \_\_\_\_\_ (ZIP)

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Business Fax Number: (\_\_\_\_) \_\_\_\_\_

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

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

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

Contact Person Email Address: \_\_\_\_\_

Mailing Address if different from Business Address:

Name: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

**Business Operation: (Please indicate below in detail the business and hours operations)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency who should the City notify?

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

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

Applicant's Name:

\_\_\_\_\_

Applicant's Address:

\_\_\_\_\_

(CITY)

(ZIP)

Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*\* Applicants information is needed for on-site representative at the Miramar location \*\***

**Please read and sign the insurance requirements below:**

Coverage shall include, as a minimum: (i) premises operations, (ii) personal injury liability, (iii) property damage, and (iv) expanded definition of property damage. The minimum limits acceptable shall be not less than \$2,000,000 per occurrence for bodily injury or death of one or more persons and not less than \$300,000 per occurrence for property damage in the aggregate. The use of an excess/umbrella liability policy to achieve the limits required by this paragraph will be acceptable as long as the terms and conditions of the excess/umbrella policy are no less restrictive than the underlying commercial general liability policy. No primary policy shall have a deductible of more than \$25,000, and the excess/umbrella policy shall provide insurance for any loss or damage over the maximum limits of the primary policy. Insurance shall not be claims made insurance. Insurance shall be rated as A or better with a financial quality rating of at least VI or better according to *Best's Rating Guide*. All insurance policies shall be issued by insurance companies licensed to do business by the Florida Insurance Commissioner. Copies of the policies must be presented upon demand to the city to assure compliance with this section.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

Business Tax Receipt Application Bed & Breakfast, Short-Term Rentals and Vacation Rentals

Please complete the classification factors that apply to your business. Indicate the number of employees **including** you and any family member working.

# of Employees \_\_\_\_\_ / \_\_\_\_\_ # of Rooms Available \_\_\_\_\_ Guard Gates ( ) Yes ( ) No  
(FT/PT)

Square Footage \_\_\_\_\_ ( ) Fire Alarm ( ) Sprinkler System

Do you have a generator at the location? ( ) Yes ( ) No

Do you have a working smoke and carbon monoxide detector at this location? ( ) Yes ( ) No

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 \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: (State Reason) \_\_\_\_\_

\_\_\_\_\_  
Designee

\_\_\_\_\_  
Date