



CITY OF MIRAMAR

An Equal Opportunity Employer

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Wayne M. Messam

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Yvette Colbourne

City Commission

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City Manager

Whittingham O. Gordon

**"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

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

Email: 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 FI 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: _____ (ZIP)

Business Email Address: _____

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: (____) _____

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

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 your 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

Other Important Information for the Applicant

Fictitious Name Registration (850) 245-6058
P O Box 1300
Tallahassee Fl 32302-1300
www.sunbiz.org

Broward County Business Tax Office (954) 831-4000
Governmental Center Annex
Revenue Collection Division -Tax & License Section
115 S Andrews Avenue Room A-100
Ft Lauderdale Fl 33301
www.broward.org

Florida Dept. of Business & Professional (850) 487-1395
Regulations Division of Hotel & Restaurants (District 2 - Margate)
5080 Coconut Creek Pkwy Ste A
Margate Fl 33063
call.center@dbpr.state.fl.us

Employer Identification Number (800) 829-1040

City of Miramar (Zoning) (954) 602-3200

City Of Miramar Police Department (954) 602-4000

Florida Sales Tax (954) 967-1000
Taft Office Complex
6565 Taft Street Ste 300
Hollywood Fl 33024
www.dor.myflorida.com

Department Of State (850) 245-6056
Division Of Corporations
P O Box 6327
Tallahassee, Fl 32314
www.sunbiz.org