



## CITY OF MIRAMAR

An Equal Opportunity Employer

### Mayor

Wayne M. Messam

### Vice Mayor

Alexandra P. Davis

### City Commission

Winston F. Barnes

Maxwell B. Chambers

Yvette Colbourne

### City Manager

Vernon E. Hargray

**"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 Commercial Application (Transfer)

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 acquire a City Business Tax Receipt. If your business is moving from one Miramar address to a new Miramar address this application needs to be submitted. **This process has two steps.**

**Step 1: Complete the Certificate of Use process with Building Department. This process must be approved first before your business tax application can be processed. Applications are available in the City of Miramar's Community and Economic Development, Building Division.**

**Step 2: Complete the enclosed 4-page application and return it with the requirements listed below.**

### **Business Tax Requirements:**

- 1. Photocopy of the applicant's driver license.**
- 2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.**
- 3. Photocopy of any state issued license and/or certificates. (See attached listing for applicant's who must have this requirement. If your business type is listed, you will need this requirement when submitting your application.)**
- 4. Photocopy of the business lease or Warranty Deed. (Must be signed by all parties. No electronic signatures accepted.)**
- 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 an Acord Form and must list the Miramar business address)**
- 7. Photocopy of Waste Pro Contract Agreement. (If you're sharing a container and it's not listed in your lease agreement, please provide the City with a copy of the business you're sharing with contract agreement and a notarized letter from the owner authorizing you to share the container. Please Note: If the business you're sharing the container with account is not current you will need to set up your own account.)**
- 8. A non-refundable application fee of \$40.00. The license 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 Commercial Application (Transfer)**

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. Failure to answer all sections in its entirety will result in the denial of such license under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

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

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

(Zip)

E-mail Address: \_\_\_\_\_

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

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

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

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

Old business information:

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

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

Transfer Date: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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In case of an emergency who should the City notify?

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

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



**Business Tax Receipt Commercial Application Transfer Continued**

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 \_\_\_\_\_ # of Units \_\_\_\_\_ # of Floors \_\_\_\_\_  
(FT/PT) (Hotel/Motel Only) (Apts/Condos Only)

# of Buildings \_\_\_\_\_ Guard Gates ( ) Yes ( ) No # of Units \_\_\_\_\_ # of Persons \_\_\_\_\_  
(Multi-Residential) (Storage Facilities Only) (Church/Assembly Occupancies)

# of Barbers \_\_\_\_\_ # of Operators \_\_\_\_\_ # of Agents \_\_\_\_\_  
(Beauty/Nail Salon) (Real Estate/Insurance)

# of Persons \_\_\_\_\_ # of Students \_\_\_\_\_  
(ALF/Group Home/Other Res Based Facility) (Schools & Child Care Facility)

Restaurants: ( ) Eat-In ( ) Take-Out ( ) Drive-Thru ( ) Out Door Seating ( ) Yes ( ) No

Restaurants: Seating Capacity \_\_\_\_\_ Hood System If yes, how many? \_\_\_\_\_

# of coin operated machines: Games \_\_\_\_\_ Vending \_\_\_\_\_ Music \_\_\_\_\_

Washers \_\_\_\_\_ Dryers \_\_\_\_\_ Pool Table(s) \_\_\_\_\_ Food/Candy \_\_\_\_\_ Soda \_\_\_\_\_

# of Trucks/Vehicles \_\_\_\_\_ # of Fuel Hoses \_\_\_\_\_ Drive-Thru Car Wash \_\_\_\_\_  
(Parked overnight at Miramar Location) (Gasoline Stations Only)

Square Footage \_\_\_\_\_ ( ) Fire Alarm ( ) Sprinkler System ( ) Elevators ( ) Spray Booth  
**(Must have Square Footage)**

Do you have Hazardous Chemicals/Materials store at your Miramar location? \_\_\_\_\_

Do you have a generator at your Miramar location? \_\_\_\_\_

**Business Tax Receipt Commercial Application Transfer Continued**

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 \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

(SEAL)

If your license has been denied or if there is dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

**FOR INTERDEPARTMENTAL USE ONLY:**

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

Denied: (State Reason)

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

\_\_\_\_\_  
Department Head or Designee

\_\_\_\_\_  
Date