



## 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

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](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 Home 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 get a City Business Tax Receipt. Complete the enclosed 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.
4. Photocopy of the Employer Identification Number (EIN) on the form from the IRS.
5. Photocopy of the General Liability Insurance Certificate for the Miramar Business. *(Must be on the Acord Form and must list the Miramar business address)*
6. **A non-refundable application fee of \$10.00. The license fee is due once your application is approved.**

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 Home Application**

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take five to seven business days. Please complete all the information in this application accurately and in its entirety. **The application must be signed and notarized.** All necessary photocopies will need to be made by the applicant. Failure to answer all questions in its entirety will result in the denial of your application under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

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

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

Business Phone No: \_\_\_\_\_ Business Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Describe the business operation in detail:

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Applicant's Name: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(ZIP)

Date of Birth: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

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

Are you the property owner? YES \_\_\_\_ NO \_\_\_\_ If no, please provide us with a copy of your lease and a notarized letter from the property owner(s). (Notarized letter must include permission to operate a business from this address and all of the owner's contact information. The letter must be signed and notarized by all owners.)

The City of Miramar requires a home Business Tax Receipt to be issued only to those home businesses that do not have the potential to become a nuisance to the community. The following questions are asked so that we can determine the specific type of business and services you intend to offer from your home. Please answer the following questions so that we may process your application correctly. We will accept attachments if you need to further explain any responses.

1. How many employees does the company have? (Including yourself as one) \_\_\_\_\_
2. How many will be working in the home? (Including yourself as one) \_\_\_\_\_

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3. Are any of the products, materials, tools, or equipment stored at home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what type:

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4. Does your business involve any construction, assembly, repair, refinishing manufacturing, or any process, which generates noise, fumes, and/or light?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe type and where it will take place: \_\_\_\_\_

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5. Does the business require the receipt of large packages to the home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe:

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6. Does the business require the shipping of large packages from the home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe:

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

7. Does the business have any commercial vehicles?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe the type of vehicle and where it's parked overnight.

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

8. **EXEMPTION:** Florida statutes, chapter 205.171 provides for waiver of the Business Tax Receipt fee if you qualify due to one of the following circumstances, please check the condition(s) which apply to you. In order to qualify for the exemption, you may have no more than one (1) employee or helper, use capital not in excess of \$1,000 and provide adequate proof of your exemption. **(Exemption will be \$50.00 off regular business tax fee.)**

**Do you claim any exemptions?**

- Disability
- 65 years of age or older
- Widow w/minor children
- Disabled veteran (or unmarried survivor)
- NONE

9. Have you been **CONVICTED** of a felony or misdemeanor within the past three (3) years?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what offense were you convicted of? \_\_\_\_\_

Have your civil rights been restored? \_\_\_\_\_

If yes, please provide copies of document(s) restoring your civil rights.

## **Home Based Business Tax Receipt Restrictions**

Please read the following restrictions as well as Section 559.955, Florida Statutes, regarding Home Based businesses before submitting your Business Tax Receipt Application.

Home based business conducted within the City of Miramar shall be clearly incidental and secondary to the use of the residence for residential purposes and shall not change the residential character thereof. A proposed home based business must meet all the following criteria:

- (1) The business is clearly incidental and secondary to the use of the dwelling for dwelling purposes.
- (2) The use does not change the character of the residential character of the dwelling.
- (3) Storing of hazardous or flammable materials is prohibited.
- (4) No public health or safety risks may be created by the business.
- (5) Vehicles and trailers used in connection with the business must be parked in legal parking spaces that are not located within the right-of-way, on or over a sidewalk, or on any unimproved surfaces at the residence. Parking must comply with local zoning requirements and the need for parking generated by the business may not be greater in volume than would normally be expected at a similar residence where no business is conducted. No heavy equipment or commercial vehicles parked overnight at the premises.
- (6) The employees of the business who work at the residential dwelling must also reside in the residential dwelling, except that up to a total of two employees or independent contractors who do not reside at the residential dwelling may work at the business.
- (7) The business activities comply with any relevant local or state regulations with respect to signage and equipment or processes that create noise, vibration, heat, smoke, dust, glare, fumes, or noxious odors.
- (8) No home occupation shall be conducted in any accessory building.

**Right of inspection.** The applicant acknowledges that upon issuance of a Business Tax Receipt the city shall have the right to inspect, at reasonable times, the premises upon which the home occupation is conducted to ensure compliance with the foregoing standards and conditions, and to investigate complaints, if any.

**Penalty.** Any violation of this section may result in a fine in accordance with the Code of Ordinances.

**Revocation of license.** The city shall have the right to revoke any home Business Tax Receipt for non-compliance.

**Transferability.** No home Business Tax Receipt issued pursuant to this section shall be transferable, assignable, or otherwise alienable.

I have read and understand the above terms and conditions as well as Section 559.955, Florida Statutes, regarding Home Based businesses. By signing below, I understand that if I violate the conditions my Business Tax Receipt can be revoked by the City of Miramar.

\_\_\_\_\_  
NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_. Before me this day personally appeared \_\_\_\_\_  
who have read and understand the above terms and conditions regarding the restrictions of a  
home based business.

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY

(SEAL)

**Condition for Granting a Home Business Tax Receipt**

Please be advised that the City of Miramar relies upon the accuracy of your responses to the above questions in determining whether your home Business Tax Receipt should be granted. If the City of Miramar determines that the Home Business Tax Receipt was issued based on inaccurate, incomplete, or misleading information provided in response to the above questions the City of Miramar reserves the right to revoke your home Business Tax, cite you with a Code Compliance violation or take any other appropriate action to bring your license into conformance with City regulation.

I have read the above terms and conditions and subject thereto; I am making application for a restricted Business Tax Receipt. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar.

\_\_\_\_\_  
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 INTEROFFICE USE ONLY:**

Approved: _____	
Denied: (State Reason) _____	
_____	
_____	
_____	_____
Designee	Date

## Other Important Information for the Applicant

Fictitious Name Registration (850) 245-6058  
P O Box 1300  
Tallahassee FI 32302-1300  
[www.sunbiz.org](http://www.sunbiz.org)

Broward County Business Tax Office (954) 765-4697  
Governmental Center Annex – Tax & License Section  
115 S Andrews Avenue Room A-100  
Ft Lauderdale FI 33301  
[www.broward.org](http://www.broward.org)

Broward County Certificate Of Competency (954) 765-4400  
Building & Permitting  
1 North University Dr  
Plantation FI 33324  
[www.broward.org](http://www.broward.org)

Employer Identification Number (800) 829-1040

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

Florida Sales Tax (954) 967-1000  
Taft Office Complex  
6565 Taft Street Ste 300  
Hollywood FI 33024  
[www.dor.myflorida.com](http://www.dor.myflorida.com)

Department Of State (850) 245-6056  
Division Of Corporations  
P O Box 6327  
Tallahassee, FI 32314  
[www.sunbiz.org](http://www.sunbiz.org)

SCORE (954) 966-8415  
S. Broward/N. Dade Score Chapter #235  
Sheridan Executive Center  
3475 Sheridan Street Ste 203  
Hollywood FI 33021

\*\*\* SCORE gives you free help for small businesses and how to obtain a business loan\*\*\*