



**City of Miramar**  
**Business Tax Office**  
**2300 Civic Center Place**  
**Miramar FL 33025**  
**(954) 602-3040 phone (954) 602-3061 phone**  
**[businesstax@miramarfl.gov](mailto:businesstax@miramarfl.gov) email**

## City of Miramar Cancellation of Business Tax Receipt

Please complete this form and attach a copy of the **State of Florida Articles of Dissolution OR the first page of your new business lease** and return it to the Business Tax Office. If your business is closing and you opt to keep your business name active with the State of Florida, we will need a notarized statement along with the cancellation letter informing the City of Miramar that **you will no longer conduct business within the Miramar City limits**. Please Note: **You must also update your principal address with the State of Florida if you are no longer conducting business in Miramar.**

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

**City of Miramar Business Tax Number:** \_\_\_\_\_

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

**Owner/Contact Name:** \_\_\_\_\_

**Date of Cancellation:** \_\_\_\_\_

**Reason for cancellation:** \_\_\_\_\_

\_\_\_\_\_

If your business tax fees are already paid and you are requesting a refund, refunds are only issued on fees paid for the business tax portion of the bill, **not fire inspection fees**. Please provide a forwarding address for your refund to be sent vis US Postal service. Refund will take 2-4 weeks.

\_\_\_\_\_  
 Notarized Signature

State of Florida  
 County of \_\_\_\_\_

Sworn to and subscribe before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_. Personally appeared \_\_\_\_\_. Who produce identification or is personally know to me. Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary

(SEAL)