



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

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

Email: businesstax@miramarfl.gov

Re: Business Tax Receipt Commercial Application (FOR DOCTORS ONLY)

Dear Sir or Madam:

Any person wishing to engage in or manage any business, profession or occupation within the City, is required by City ordinance to get a City Business Tax Receipt. When adding a new doctor to your practice, the doctor needs to complete the enclosed 3-page application and return it with the requirements listed below.

1. Photocopy of the applicant's driver license. *(Must be a clear copy)*
2. Photocopy of the State issued license from the Department of Health.
3. Photocopy of the General Liability Insurance Certificate *(Must list Doctor applying for license, must be on the Acord form and must list the Miramar address)*
4. **A non-refundable application fee of \$10.00.** *The license fee is due once your application is approved.*

** The office need to have a valid City of Miramar Business Tax Receipt before any doctors' application can be processed. All doctors in the office will need a Business Tax Receipt **

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 Commercial Application Doctors

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 City of Miramar will conduct a criminal history background check for the applicant. 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.

Doctor Name: _____

Business Name: _____

Business Address: _____

Business Phone Number: (____) _____ Business Fax Number: (____) _____ (Zip)

State License Number: _____ Expiration Date: _____

Contact Person (Miramar Location): _____

Contact Person Phone Number: (____) _____

Doctor's Contact Number: (____) _____

Mailing Address if different from Business Address:

Name: _____

Address: _____

City, State, & Zip: _____

Type of Service Provided:

Business Tax Receipt Commercial Application Doctors

Owner's Name:

Mailing Address:

(CITY)

(ZIP)

Date of Birth: _____ Owner's Email Address: _____

Driver's License No: _____ Phone No. _____

**** The information above is for the Owner of the Practice ****

I, _____, authorize _____
(Owner's Name) (Doctor's Name)
to practice _____ at my Miramar Office
(Type of Service)
located at _____
(Miramar Office Address)

Notarized Signature of Owner

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)

Business Tax Receipt Commercial Application Doctors

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 BUSINESS TAX OFFICE USE ONLY:

Approved: _____

Denied: (State Reason) _____

Designee

Date