

City of Miami APPLICATION FOR BUSINESS TAX RECEIPT

444 SW 2nd Avenue 6th Floor, Miami , FL 33130, (305) 416-1918

	Business Name:	quire that all businesse	s operating under a l	rictitious Name must sur	2. Telephone #:				
	3. Business address/	location:							
	4. FEI #:	or SSN	:		5. FL Sales Tax #:				
	6. Mailing Address (in	f different from business a	address):						
	City	State	ZIP Code	Responsib	le Party				
	City State ZIP Code Responsible Party 7. Has the Applicant ever had a City of Miami Business Tax Reciept or Occupational License suspended or revoked?								
N	7 /1	s activity/Service(s) provi	ded:						
INFORMATION	9. For Special Event	s (Fairs, Circus, etc.) ente	er: Start Da	ate:	and End Date:				
BUSINESS INFOR	10. If applicable to Business, please fill-in the appropriate space(s) below:								
					# of machines:				
	11. Inventory value: \$ Other:								
	12. List name(s) of p	e, drug store, grocery, c ersonnel that are licensed Name and Social Security N	by the State of Florida	a and submit copy of State Na	License. Attach additional sheets if ned ume and Social Security Number /				
EMERGENCY LOCATOR	burglary or other Name	emergency. Ideally these Address	e individuals should ha	ve access to door locks an City/State	ocation within 15 minutes of notification d alarms. Telephone #				
		reely and voluntarily an	d all the facts, figure	s, and statements contai	ned in this Application are true and	d correct.			
REMA	RKS:			Applicant to p	orint Name				
					Date				
				Signature of					
	ICE USE ONLY: DD NEW BUSINESS	□ MRC □ N	NET CODE	ENFORCEMENT	CHECK#				
	DD RECEIPT DETAIL				DISCOUNT: \$				
		DRESS CHANGE (TRAN	ISFER)		PRORATE:				
LIC C	ODE(S) #:		LICENS	SE TITLE(S):					
CUST	-#:	BILL#:	BUS #:	CU#:	ORACLE #:				
		Reviewed by		Data En	try by Date				
DENI	AD 003 Bey 12/06 F		O't W-11 (- 1	STANDARD STANDARD AND PRODUCTIONS	NET: Goldenrod - copy for Cash Becaints				



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1. Business Name:				2. Telephor	ne #:			
3. Business address/ location	on:							
4. FEI #:	or SSN:			5. FL Sales Tax #:				
6. Mailing Address (if different from business address):								
City State ZIP Code Responsible Party 7. Has the Applicant ever had a City of Miami Business Tax Reciept or Occupational License suspended or revoked?								
If yes, please explain:								
8. Nature of Business activity/Service(s) provided:								
9. For Special Events (Fairs	s, Circus, etc.) enter:	Start Date:		and End Date:				
10. If applicable to Business, please fill-in the appropriate space(s) below:								
Amount of: Seats:	Rooms:	_ Employees:	Sq. Ft	# of machines	:			
restaur	ant apartment	s manufac	turing parkir	ng lot	vending machin			
11. Inventory value: \$ Other: retail, wholesale, drug store, grocery, cigar & tobacco products								
			aubmit cany of Ctata	License Attack additio	nal abanta if nassas			
12. List name(s) of personnel that are licensed by the State of Florida and submit copy of State License. Attach additional sheets if necess Name and Social Security Number Name and Social Security Number								
Name and Social Security Number								
			-					
		-	-					
13. Florida Statutes require you to list three individuals who are able to arrive at the Business location within 15 minutes of notification of fi								
burglary or other emerg								
Name	Address		City/State	Telephor	ne#			
		1						
	and voluntarily and all	the facts, figures, an	d statements contai	ned in this Application	on are true and co			
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	and voluntarily and all	the facts, figures, an		orint Name				
RKS:	□ MRC □ NET	-	Applicant to p	orint Name Applicant	 Date			
ICE USE ONLY:		-	Applicant to p	orint Name Applicant	 Date			
ICE USE ONLY: DD NEW BUSINESS		-	Applicant to p	Applicant CHE PRICE: \$				
ICE USE ONLY: DD NEW BUSINESS DD RECEIPT DETAIL	□ MRC □ NET	□ CODE ENF	Applicant to p	Applicant CHE PRICE: \$ DISCOUNT: \$				
ICE USE ONLY: DD NEW BUSINESS DD RECEIPT DETAIL AME, OWNER OR ADDRESS	□ MRC □ NET	CODE ENF	Applicant to positive of Signature of CORCEMENT	Applicant CHE PRICE: \$ DISCOUNT: \$ PRORATE:				
ICE USE ONLY: DD NEW BUSINESS DD RECEIPT DETAIL AME, OWNER OR ADDRESS ODE(S) #:	□ MRC □ NET S CHANGE (TRANSFE	CODE ENF	Applicant to p Signature of ORCEMENT	Applicant CHE PRICE: \$ DISCOUNT: \$ PRORATE:	Date			
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