



City of Miami
APPLICATION FOR BUSINESS TAX RECEIPT

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

Florida Statutes require that all Businesses operating under a Fictitious Name must submit State Registration documents.

BUSINESS INFORMATION

1. Business Name:	2. Telephone #:
3. Business address/ location:	
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 Receipt or Occupational License suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
8. Nature of Business activity/Service(s) provided:	
9. For Special Events (Fairs, 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: _____ restaurant apartments manufacturing parking lot vending machine	
11. Inventory value: \$ _____ Other: _____ retail, wholesale, drug store, grocery, cigar & tobacco products	
12. List name(s) of personnel that are licensed by the State of Florida and submit copy of State License. Attach additional sheets if necessary. 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 fire, burglary or other emergency. Ideally these individuals should have access to door locks and alarms. Name Address City/State Telephone # _____ _____ _____	

EMERGENCY LOCATOR

This information is given freely and voluntarily and all the facts, figures, and statements contained in this Application are true and correct.

REMARKS:

Applicant to print Name

Date

Signature of Applicant

OFFICE USE ONLY: ☐ MRC ☐ NET ☐ CODE ENFORCEMENT

CHECK# _____

☐ ADD NEW BUSINESS

PRICE: \$ _____

☐ ADD RECEIPT DETAIL

DISCOUNT: \$ _____

☐ NAME, OWNER OR ADDRESS CHANGE (TRANSFER)

PRORATE: _____

LIC CODE(S) #: _____ LICENSE TITLE(S): _____

CUST #: _____ BILL #: _____ BUS #: _____ CU #: _____ ORACLE #: _____

Reviewed by _____

Data Entry by _____

Date _____



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_____	_____
_____	_____

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