



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 / Corporation Name:	2. DBA / Fictitious Name:	3. Telephone #:
4. Business address / location:		
5. FEI #: _____ or SSN: _____		6. E-mail: _____
7. Mailing Address (if different from business address): _____		
City: _____ State: _____ ZIP Code: _____ Responsible Party: _____		
8. 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:		
9. Nature of Business activity/Service(s) provided:		
10. For Special Events (Fairs, Circus, etc.) enter: Start Date: _____ and End Date: _____		
11. 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		
12. Inventory value: \$ _____ Other: _____ retail, wholesale, drug store, grocery, cigar & tobacco products		
13. 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 _____/____-____-____ _____/____-____-____ _____/____-____-____ _____/____-____-____		

EMERGENCY LOCATOR

14. 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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____ Signature of Applicant _____ Date
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OFFICE USE ONLY: <input type="checkbox"/> MRC <input type="checkbox"/> NET <input type="checkbox"/> CODE ENFORCEMENT		CHECK# _____
<input type="checkbox"/> ADD NEW BUSINESS	PRICE: \$ _____	
<input type="checkbox"/> ADD RECEIPT DETAIL	DISCOUNT: \$ _____	
<input type="checkbox"/> NAME, OWNER OR ADDRESS CHANGE (TRANSFER)	PRORATE: _____	
LIC CODE(S) #: _____	LICENSE TITLE(S): _____	
CUST #: _____	BILL #: _____	BUS #: _____
	CU #: _____	ORACLE #: _____
_____ Reviewed by	_____ Data Entry by	_____ Date