



City of Miramar
An Equal Opportunity Employer

Mayor

Lori C. Moseley

City Commission

Winston F. Barnes

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Troy R. Samuels

**"We're at
the Center of Everything"**

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar FL 33025
businesstax@ci.miramar.fl.us

Phone (954) 602-3040
Phone (954) 602-3061
FAX (954) 602-3470

Re: Business Tax (Child Care Home)

Dear Sir or Madam:

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to get a City Business Tax Receipt. Complete the enclosed 6 page application and return it with the requirements listed below.

1. Photocopy of applicant's Florida Driver's License
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of Training Certificates from State of Florida (30 Hour Training, CPR & First Aid)
4. Photocopy of Tax Identification Number form from the IRS or Photocopy of owner's Social Security Card.
5. Photocopy of Homeowners Insurance Policy.
6. Photocopy of Completed Fire Inspection by City of Miramar Fire, Life and Safety Department.
7. An application fee of \$105.25 plus the license fee is due once your application is submitted. *(The application fee is non-refundable.)*

Mail or return all requirements together to:

City of Miramar
Business Tax Office
2300 Civic Center Place
Miramar FL 33025

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2300 Civic Center Place
Miramar, Florida 33025

Business Tax Receipt Application for Child Care (Home)

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take ten to fifteen business days. All information on this application must be truthful and correct. The City of Miramar will conduct a criminal history background check on the applicant. Your failure to answer all the questions fully and truthfully will result in the denial of the license under Chapter 11, Miramar City Code. This application must be **signed by the applicant and notarized.** All necessary photocopies will need to be made by the applicant. You must also obtain a Broward County Business Tax Receipt.

Date: _____

Business Name: _____

Business Address: _____
(zip)

Phone No: (____) _____ Form of Business: () Individual () Partnership

If your form of business is a partnership we will need to have your partner's information. (Photocopy of Driver's License, Photocopy of Training Certificates, and a \$25.00 Background Check fee.)

Describe your business operations in detail: (please list all services provided)

Are you the owner of this property? YES ___ NO ___ If no, please provide us with a copy your residential lease and a notarized letter from the property owner. Letter must include permission to operate a childcare from the property and the property owner's contact information.

Home-Based Child Care Business Tax Receipt Application continued

Number of children: _____

Number of Infants _____ Number of Preschool _____ Number of School-Age _____

Hours of Operation _____

How many employees are working at the child care? (Including yourself as one)

No. of Employees:

_____/_____
(Full-time) (Part-time)

Are any of these employees not a member of your immediate family?

YES _____ NO _____

How many employees will be traveling to your home? _____

Please attach a photocopy of any training certificates for all your employees.

Each Employee must have:

1. A completed Background Check Request Form
2. First Aid Training Certificate
3. Infant & Child Cardiopulmonary Resuscitation (CPR) Certificate
4. 30 Hour Family Child Care Home Training Certificate

Business Tax Receipt Application for Child Care (Home) continued

Please be advised that the City of Miramar relies upon the accuracy of your responses to the questions answered on this application in determining whether your Business Tax Receipt should be granted. If the City of Miramar determines that the Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City reserves the right to revoke your license, cite you with a Code Compliance violation or take appropriate action to bring your license into conformance with City regulation.

I have read and agree to the above terms and conditions. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar. I understand that I **MUST** have zoning approval **before** I start operating as a Home Child Care. I have answered all questions in this application fully, truthfully and correctly.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____.
Personally appeared _____ who is personally known or
produced identification. Type of Identification Produced _____

Signature of Notary

(SEAL)

If your license has been denied or if there is a 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 INTERDEPARTMENTAL USE ONLY (ZONING DEPARTMENT):

Please review this application and return it to the Business Tax Office.

Approved: _____

Denied: (State Reason) _____

Department Head or Designee

Date

Background Check Required Information

In accordance with the chapter, in order to determine whether a person applying for a Business Tax Receipt has been convicted of any misdemeanor or felony within the preceding three (3) years, the City shall conduct a criminal history check pertaining to the applicant before the issuance of such license. This fee shall be payable when your application is submitted.

Criminal History Information: *All information must be complete.*

Applicant's Full Name: _____	
Date of Birth: _____	Soc Sec Number: _____
Driver's License Number: _____	
Sex: _____ (M or F)	Race: _____ Race Codes: W = White; B=Black; I= American Indian, Indian, or Alaskan Eskimo; A= Asian or Pacific Islander; U= Unknown *** Indicate Hispanic persons as white or black based on skin color ***
Applicant's Current Home Address: _____	

By signing this form you're authorizing the City of Miramar to process a Criminal History Check.

Applicant's Signature: _____

Date: _____

Other Important Information for the Applicant

Broward County Business Tax Office Governmental Center Annex 115 S Andrews Ave Ft Lauderdale Fl 33316 www.co.broward.fl.us	(954) 765-4697
Child Care Licensing & Enforcement (Broward County) 2995 N Dixie Highway Ft Lauderdale Fl 33334 Monday – Friday 8:00 am – 5:00 pm	(954) 537-2800
Child Care Training Information Center (CCTIC) State Of Florida	(888) 352-2842
Fictitious Name Registration P O Box 1300 Tallahassee Fl 32302	(850) 488-9000
Department of State Division Of Corporation P O Box 6327 Tallahassee Fl 32314	(850) 487-6052
Florida Sales Tax 6565 Taft Street Ste 400 Hollywood Fl 33023	(954) 967-1000
City Of Miramar Zoning Information 2200 Civic Center Pl Miramar Fl 33025	(954) 602-3267
Employer Identification Number	(800) 829-1040