



City of Miramar
An Equal Opportunity Employer

Mayor
Lori C. Moseley

City Commission
Winston F. Barnes
Alexandra P. Davis
Wayne M. Messam
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@miramar.fl.us

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

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 4 page application and return it with the requirements listed below.

1. Photocopy of applicant's drivers license. (Must be a clear copy)
2. Photocopy of the State issued license from the Department of Health.
3. Photocopy of Liability Insurance Certificate **(Must list Doctor applying for license)**
4. The application and license fee of \$151.00 is due once your application is submitted. *(The application fee of \$25.00 is non-refundable.)*

** The office need to submit a Business Tax Receipt Commercial Application**
** All doctors in the office will need a Business Tax Receipt **

Mail or Return all requirements together to:

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

If you have any questions, please call the office at (954) 602-3040 or (954) 602-3061.

**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 ten to fifteen 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 fully and truthfully 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 Continued

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 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.

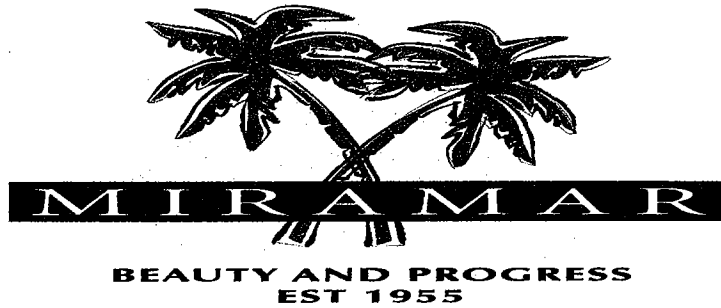
Criminal History Information: *All information must be complete.*

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: _____



Important

Please make sure any doctor applying for a Business Tax Receipt has:

- 1: A Valid State of Florida Drivers License or State of Florida Identification Card
- 2: A Valid license from State of Florida Department of Health Division of Medical Quality Assurance
- 3: The doctor applying is listed for coverage on the office Liability Insurance Certificate.