



**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@ci.miramar.fl.us](mailto:businesstax@ci.miramar.fl.us)

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

Re: Business Tax Receipt Commercial Application  
(Transfer)

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 acquire a City Business Tax Receipt. If your business is moving from one Miramar address to a new Miramar address this application need to be submitted. **This process has 3 steps.**

**Step 1:** Complete the Certificate of Use application. (Available at the City of Miramar Zoning Office)

**Step 2:** Complete the enclosed 5 page application and return it with the requirements listed below.

**Step 3:** Complete all necessary inspections required by the City of Miramar Building Department

**Business Tax Requirements:**

1. Photocopy of applicant's 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 any state issued license and/or certificates. (See attached listing for applicant's who must have this requirement)
4. Photocopy of the business lease or Bill of Sale.
5. Photocopy of Employer Identification Number (EIN) or Federal Tax Identification Number form from the IRS.
6. Photocopy of Liability Insurance Certificate.
7. Photocopy of Waste Pro Contract Agreement.
8. A non-refundable application fee of \$115.25 plus the license fee is due once your application is submitted.

Mail or Return all requirements together to:

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

**City Of Miramar  
Business Tax Office  
2300 Civic Center Place  
Miramar Fl 33025**

**Business Tax Receipt Commercial Application (Transfer)**

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 such license under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

Business Name: \_\_\_\_\_

New Business Address: \_\_\_\_\_

(Zip)

E-mail Address: \_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Business Fax Number: (\_\_\_\_) \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Phone Number: (\_\_\_\_) \_\_\_\_\_

**Old business information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Transfer Date: \_\_\_\_\_ License Number: \_\_\_\_\_

**Business Operation: (Please indicate below in detail the business operations)**

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In case of an emergency who should the City notify?

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_) \_\_\_\_\_



## 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.*

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

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

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Business Tax Receipt Commercial Application Transfer 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 BUSINESS TAX USE ONLY:**

Approved: \_\_\_\_\_

Denied: (State Reason)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Head or Designee

\_\_\_\_\_  
Date