



<b>FOR OFFICE USE ONLY</b>	
<b>Business Tax Receipt No:</b>	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Business Tax Receipt Application**

**PLEASE PRINT OR TYPE (BLACK / BLUE INK ONLY) NO CORRECTION FLUID ALLOWED**

1. Business Name \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
 Fictitious Name/D.B.A.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Business Location: \_\_\_\_\_ F.E.I. Number: \_\_\_\_\_  
 Unit No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Folio No.: \_\_\_\_\_

3. Mailing Address (if different from Business Location): \_\_\_\_\_

4. Name of the Applicant/Business Owner: \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Applicant's Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. Emergency Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

6. Name of Members/Officers of the Corporation, LLC, LP, Fictitious Name etc. (President, V.P., MGR, etc.)

Name	Title	Telephone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____

7. Please describe in detail the nature or type of business, occupation or profession to be conducted, and/or services to be provided: \_\_\_\_\_

Type of Business Manufacturer Wholesale Retail Service Other \_\_\_\_\_

Business Start/Opening Date: \_\_\_\_\_ No. of employees (including management): \_\_\_\_\_

No. of parking spaces exclusive for this business: \_\_\_\_\_ Square footage: \_\_\_\_\_

No. of Beds: \_\_\_\_\_ No. of Rooms/Units: \_\_\_\_\_ Amount of inventory: \_\_\_\_\_  
 (Hospitals/ALFs) (Hotels/Motels/Apartment Building) (Retail/Wholesale/Distribution)

No. of Seats/work stations/ units: \_\_\_\_\_ Seating capacity: \_\_\_\_\_ No. of Cars: \_\_\_\_\_  
 (Barbershops/Salons/Dental offices) (Restaurants/Theater) (Automotive)

If business is operated from vehicle: No. of vehicles \_\_\_\_\_ Vehicle's Registration No.: \_\_\_\_\_



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**WILL THIS BUSINESS:**

- ◆ Be a professional association? .....  NO.  YES. If yes, then No. of professionals: \_\_\_\_\_
- ◆ Be sharing space with another business? .....  NO.  YES.
- ◆ Have a door-to-door or mobile business? .....  NO.  YES.
- ◆ Operate from home? .....  NO.  YES.
- ◆ Require license or permit from the State or a regulatory agency? .....  NO.  YES.
- ◆ Serve alcoholic beverages? .....  NO.  YES.
- ◆ Serve food? .....  NO.  YES.
- ◆ Sell tobacco products? .....  NO.  YES.
- ◆ Deal with hazardous materials? .....  NO.  YES.
- ◆ Require renovations, construction .....  NO.  YES. If yes, please describe work (space below) work and/or physical/structural alterations to the business premises? \_\_\_\_\_  
 \_\_\_\_\_

**\*\*NO ALCOHOL SERVED ON PREMISES UNTIL STATE LICENSE IS PROVIDED**

**Sign and Date**

**I certify, under penalty of law, that the above information is true and correct, to the best of my knowledge, and I understand that any false statements could result in penalties as provided by law.**

\_\_\_\_\_  
 TITLE OF APPLICANT                      NAME OF APPLICANT                      SIGNATURE AND SEAL DATE

<p><b>TYPE OF APPLICATION</b></p> <input type="checkbox"/> New <input type="checkbox"/> Transfer Location <input type="checkbox"/> Change of Name/Mailing Address <input type="checkbox"/> Change in ownership. <input type="checkbox"/> Other: _____	<p><b>REVIEWS NEEDED</b></p> <input type="checkbox"/> Planning and Zoning By: _____ Date: _____ <input type="checkbox"/> Building By: _____ Date: _____ <input type="checkbox"/> Fire By: _____ Date: _____ <input type="checkbox"/> Public Works By: _____ Date: _____ <input type="checkbox"/> D.E.R.M.
<p><b>ATTACHMENTS</b></p> <input type="checkbox"/> Zoning Review <input type="checkbox"/> Driver's License <input type="checkbox"/> State License <input type="checkbox"/> Articles of Corp <input type="checkbox"/> Notorized Affidavit <input type="checkbox"/> Building Review <input type="checkbox"/> Agricul.-Hotels-Rest <input type="checkbox"/> CC Dade <input type="checkbox"/> Lease Agreement/Deed <input type="checkbox"/> Other: _____ <input type="checkbox"/> D.E.R.M. <input type="checkbox"/> Notorized Bill of Sale <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord's Letter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fire Inspection <input type="checkbox"/> AHCA/DCF <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Solid Waste Pick-up <input type="checkbox"/> Other: _____	<p><b>BTR Fee:</b> _____                      <b>Zoning Review Fee:</b> _____  <b>Transfer Fee:</b> _____                      <b>Building Review Fee:</b> _____  <b>Other:</b> _____                      <b>Fire Inspection Fee:</b> _____</p>
<p><b>ZONING CLASSIFICATION</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>Application processed by _____ Date _____          Finalized by _____ Date _____</p>
<p><b>FBC CLASSIFICATION OF USE</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	



**AFFIDAVIT TO OBTAIN A 722110A BUSINESS TAX RECEIPT  
FOR RESTAURANTS OFFERING, SELLING OR SERVING ALCOHOLIC BEVERAGES,  
WINE, AND/OR BEER**

I \_\_\_\_\_ (*name of Applicant*) desire to open/continue to operate a restaurant, holding a 722110A Business Tax Receipt, in the City of Hialeah. The proposed restaurant is/shall be known as \_\_\_\_\_ (*name of restaurant*) and is/will be located at \_\_\_\_\_ (*address*).

Under penalty of perjury, I assert that:

1. The existing /proposed restaurant does/will sell, offer for sale, and serve alcoholic beverages, wine, and/or beer for consumption or use on the premises.
2. The existing/proposed restaurant has obtained either a 2-COP or a 4-COP State of Florida Beverage License.
3. The existing/proposed restaurant will not sell or offer for sale, deliver, serve or permit to be consumed upon the premises, alcoholic beverages not authorized by its State license.
4. The existing/proposed restaurant will derive at least 51% of its gross revenue from the sale of food and non-alcoholic beverages.
5. The existing/proposed restaurant will serve full-course meals at all times that it is open for business, prepared from an on-site kitchen or facility inspected and approved by the Division of Hotels and Restaurants of the State Department of Business and Professional Regulation or State Department of Agriculture and Consumer Services. (Note that meals prepared off the premises, snacks, prepackaged foods or sandwiches are not considered full course meals).
6. Alcoholic beverages, wine, and/or beer will not be sold at the existing/proposed restaurant after the hours of serving food have elapsed.
7. The existing/proposed restaurant will not sell, offer for sale, serve or permit to be consumed upon the premises any alcoholic beverages between the hours of 1:00 a.m. and 8:00 a.m.
8. The existing/proposed restaurant will not see, give, serve or permit to be served any alcoholic beverages to persons under 21 years of age. Employees of the existing/ proposed restaurant will check for one of the following forms of identification with respect to persons purchasing alcoholic beverages , in order to ensure that person is not under 21 years of age:
  - i. A Driver's License
  - ii. An identification card issued by the Department of Highway Safety and Motor Vehicles
  - iii. A Passport
  - iv. A United States Uniformed Services Identification Card; or
  - v. Other government issued identification that indicates the person's age
9. The existing/proposed restaurant will remain in compliance with all City Ordinances and Zoning Regulations.

10. The existing/proposed restaurant will not conduct any business activity within the City that threatens the public health, safety, or welfare.
11. The existing/proposed restaurant will not conduct any business activity within the City that violates provisions of Federal State or County law.
12. The existing/proposed restaurant will not allow the business premises to become a public nuisance.
13. The existing/proposed restaurant will remain in compliance with all sanitation standards.
14. The existing/proposed restaurant will keep the premises clean and free from trash and litter, including approaches, sidewalks and parking spaces.

\_\_\_\_\_   
 Date

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

\_\_\_\_\_   
 Applicant's Relationship to Restaurant

**State of Florida. County of**

**Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

\_\_\_\_\_   
 **My Commission**

\_\_\_\_\_   
 **Notary Public, State of Florida**  
**Print, type or stamp Notary's**

**Personally**     

**Known**           

\_\_\_\_\_   
 **Type of Identification.**