



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

- Business Name _____ Business Telephone: _____
E-Mail: _____ Folio No.: _____
- Business Location: _____
Unit No.: _____ City: _____ State: _____ Zip Code: _____
- Mailing Address (if different from Business Location): _____
- F.E.I. Number/Social Security Number: _____
- Name of the Applicant/Business Owner: _____
Driver's License # _____ Expiration Date _____ Date of Birth _____
- Emergency Contact Person: _____ Telephone: _____ E-Mail: _____
- Please describe in detail the nature or type of business, occupation or profession to be conducted, and/or services to be provided:

- Do you reside at the residence that you are applying for? ____ Yes ____ No

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

TYPE OF APPLICATION		BTR FEE: \$ _____
<input type="checkbox"/> New		
<input type="checkbox"/> Change of Address/Change of Mailing Address		
<input type="checkbox"/> Other: _____		
ATTACHMENTS		
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Articles of Corporation	<input type="checkbox"/> Certificate of Competency
<input type="checkbox"/> Notarized Affidavit	<input type="checkbox"/> Notarized Detailed Description of your Business	<input type="checkbox"/> Tax ID/Social Security Number
<input type="checkbox"/> Liability Insurance	<input type="checkbox"/> State License	<input type="checkbox"/> Miami-Dade County LBT
	<input type="checkbox"/> Vehicle Registration	
Application processed by _____ Date _____		



Residential Office Affidavit

I _____

RESIDING: _____

Hialeah, Florida do swear and affirm that I have been informed of the conditions upon which the City will issue a Business Tax Receipt to conduct the following type of business at my residence:

Type of Business

I hereby assure the City of Hialeah that no sign will be posted, no materials will be stored, no noise will be produced as a result of this activity, no heavy machines installed, emission produced, clients will not come to the residence to transact business and in no way, shape or form the issuance of this Business Tax Receipt and resulting business activities will affect the residential integrity of this particular building or the surrounding neighborhood. The Business Tax Receipt can be approved under section 86.29, and 86.30 of the Code of Ordinance of the City of Hialeah (Ordinance No. 86.39, City Code)

I have been informed that, in addition to other remedies available to the City, Business Tax Receipt obtained upon misrepresentation of material facts (false statements) shall be deemed null and void. (section 86.39, City Code).

Signature of Applicant

Date

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 Produced

Type of Identification.