



BUSINESS TAX DIVISION
APPLICATION TO OBTAIN A BUSINESS TAX RECEIPT
 CITY OF HIALEAH, FLORIDA
 501 PALM AVENUE, HIALEAH, FL 33010

BUSINESS TAX RECEIPT NUMBER <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer of ownership <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Change of Name/Mailing Address <input type="checkbox"/> _____	A) <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"/> B) <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"/>	TOTAL FEE \$ <input style="width: 100px;" type="text"/> Basic Fee \$ _____ Unit Fee \$ _____ Transfer Fee \$ _____ Delinquent Fee \$ _____ Forfeit Fee \$ _____ Other Fee \$ _____ Fire Fee \$ _____
ZONING CLASSIFICATION		<input style="width: 200px; height: 50px;" type="text"/>
NEED COPIES OF ITEMS CIRCLED:		
<input type="checkbox"/> Driver's License <input type="checkbox"/> Fire Inspection <input type="checkbox"/> Bill of Sale (Notary) <input type="checkbox"/> Articles of Corp <input type="checkbox"/> _____	<input type="checkbox"/> State License <input type="checkbox"/> Agricul.-Hotels-Rest <input type="checkbox"/> Insurance <input type="checkbox"/> Police Background <input type="checkbox"/> _____	<input type="checkbox"/> Tax ID <input type="checkbox"/> CC Dade <input type="checkbox"/> Sworn Affidavit (Notary) <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> _____
DECAL NUMBER _____		
Application processed by _____ Date _____ Inspected by _____ Date _____		

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

1. Business Name _____ Date of Application _____
 Owner's Name/Corporation Name _____
2. Location of Business _____
 ADDRESS BAY, SUITE, APT. NO., CITY, ZIP TELEPHONE
 Mailing Address _____
 (If different from above) ADDRESS BAY, SUITE, APT. NO., CITY, ZIP FAX: TELEPHONE
3. Driver's License # _____ Date of Birth _____ Expiration Date _____
4. Name of Member/Officer of the Corporation, LLC, LP, Fictitious Name etc. (President, V.P., MGR, etc.)
 (A) Name _____ Cell-Phone _____
 (B) Home Address _____ City _____ Zip _____ Home Phone _____
 (C) Emergency Contact _____ Telephone: _____
 (D) E-Mail Address: _____
5. If a firm or Corporation, the name, address, city, zip and home phone number of the Officers
 * _____ * _____
 * _____ * _____
6. Type of Business Manufacturer Wholesale Retail Service Other _____
SPECIFIC Products or Services: A) _____
 B) _____
7. Number of seats, work stations or units: _____
8. If Business is operated from vehicle: Number of vehicles _____ Registration No.'s _____

I affirm that the above is true and correct to the best of my knowledge. I am aware of penalties and/or revocation of license for false statements.

 TITLE OF APPLICANT

 NAME OF APPLICANT

 SIGNATURE AND SEAL

 DATE



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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 (Ordinances No. 89-71 & 72, July 5 1989).

I have been informed that, in addition to other remedies available to the City, Business Tax Receipt obtained upon a 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 Dade.	
Sworn and subscribed before me this _____ day of _____, 20_____.	
_____ My commission Expires	_____ Notary Public, State of Florida Print, type or stamp Notary's name.
Personally Known	
Produced I.D.	_____ Type of Identification



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**DEPARTMENT OF AGRICULTURAL AND CONSUMER SERVICE
8725 NW 18 TERRACE, SUITE # 206
MIAMI, FL 33172
TEL: 305-470-6900 & FAX: 305-470-6904**

**MIAMI DADE COUNTY
OCCUPATIONAL LICENSE
200 NW 2ND AVENUE
MIAMI, FL 33128
TEL: 305-270-4949 & FAX: 305-372-6368**

**FLORIDA SALES TAX
MIAMI SERVICE CENTER
8175 NW 12TH STREET SUITE # 119
MIAMI, FL 33126
305-470-5001**

**FOR CASE DISPOSITION CONTACT: 305-275-1155
FELONY DIVISION
1351 NW 12 STREET
MIAMI FL 33125**



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**MIAMI DADE
POLICE DISTRICTS
(POLICE BACKGROUND – RECORD POLICIAL)**

**MIAMI LAKES DISTRICT
5975 MIAMI LAKES DR
305-698-1500**

**NORTHSIDE DISTRICT
2950 NW 83 ST
305-836-8601**

**DORAL DISTRICT
9105 NW 25 ST
305-378-1886**

**CUTLER RIDGE
10800 SW 211 ST
305-378-1886**

**KENDALL DISTRICT
7707 SW 117 AVE
305-279-6929**

**INTRACOSTAL
15665 BISCAYNE BLVD
305-940-6800**

**CAROL CITY DISTRICT
18373 NW 27 AVE
305-626-7950**

**HAMMOCKS DISTRICT
10000 SW 142 AVE
305-383-6800**