



CITY OF HIALEAH

501 PALM AVENUE, HIALEAH, FLORIDA 33010 305-883-5890

APPLICATION TO OBTAIN A BUSINESS TAX RECEIPT

BUSINESS TAX RECEIPT NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TOTAL FEE \$ <input type="text"/>
<input type="checkbox"/> New <input type="checkbox"/> Renewal	(PREVIOUS CLASSIFICATION) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Basic Fee \$ <input type="text"/>
<input type="checkbox"/> Transfer of ownership		Unit Fee \$ <input type="text"/>
<input type="checkbox"/> Transfer of Location	ZONING <input type="text"/>	Transfer Fee \$ <input type="text"/>
<input type="checkbox"/> Change of Name/Mailing Address	CLASSIFICATION <input type="text"/>	Delinquent Fee \$ <input type="text"/>
<input type="checkbox"/> _____	DECAL NUMBER _____	Forfeit Fee \$ <input type="text"/>
NEED COPIES OF ITEMS CIRCLED:	EXEMPTIONS: Full <input type="checkbox"/> Partial <input type="checkbox"/>	
<input type="checkbox"/> Zone Review	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State License
<input type="checkbox"/> Fire Inspection	<input type="checkbox"/> Health Dept.	<input type="checkbox"/> Vehicle Inspection
<input type="checkbox"/> D.E.R.M.	<input type="checkbox"/> Bill of Sale Notarized	<input type="checkbox"/> CC Dade
<input type="checkbox"/> Articles of Corp	<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Insurance
<input type="checkbox"/> Solid Waste Pick up		<input type="checkbox"/> Police Background
		<input type="checkbox"/> Sworn Affidavit (Notary)
		<input type="checkbox"/> Vehicle Registration
		<input type="checkbox"/> _____
Application processed by _____	Date _____	Inspected by _____
Date Entry by _____	Date _____	Revenue Entry 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 TELEPHONE

3. Driver's License # _____ Date of Birth _____ Expiration Date _____

4. Name of Person(s) who manage, control or qualify for this business in the City of Hialeah:

(A) Name _____ Cell-Phone _____

(B) Home Address _____ City _____ Zip _____ Home Phone _____

(C) Emergency Contact _____ Telephone: _____

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 _____

7. Number of seats, work stations or units: _____ Square feet of Property/Warehouse _____
Amount of Inventory _____ Number of employees [] [] []
TOTAL FEMALE MALE

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