



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:150px; height:40px;" type="text"/>
NEED COPIES OF ITEMS CIRCLED: <input type="checkbox"/> Zone Review <input type="checkbox"/> Driver's License <input type="checkbox"/> Fire Inspection <input type="checkbox"/> Agricul.-Hotels-Rest <input type="checkbox"/> D.E.R.M. <input type="checkbox"/> Bill of Sale (Notary) <input type="checkbox"/> Articles of Corp <input type="checkbox"/> AHCA <input type="checkbox"/> _____	DECAL NUMBER _____ <input type="checkbox"/> State License <input type="checkbox"/> Sharing Space Letter <input type="checkbox"/> CC Dade <input type="checkbox"/> Comm. Lease <input type="checkbox"/> Insurance <input type="checkbox"/> Sworn Affidavit (Notary) <input type="checkbox"/> Police Background <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> _____	<input type="checkbox"/> Solid Waste Pick-up <input type="checkbox"/> Landlord's Letter (Notary) <input type="checkbox"/> Tax ID <input type="checkbox"/> Building Required: <u>Y</u> / <u>N</u> <u>X</u> _____ Signature _____ Date _____
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: _____ 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