



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

BUSINESS TAX RECEIPT NUMBER A) - **TOTAL FEE \$**

- New Renewal
- Transfer of ownership
- Transfer of Location
- Change of Name/Mailing Address
- _____

B) -

ZONING CLASSIFICATION

- Basic Fee \$ _____
- Unit Fee \$ _____
- Transfer Fee \$ _____
- Delinquent Fee \$ _____
- Forfeit Fee \$ _____
- Other Fee \$ _____
- Fire Fee \$ _____

NEED COPIES OF ITEMS CIRCLED:

DECAL NUMBER _____

- Zone Review Driver's License State License Sharing Space Letter Solid Waste Pick-up
- Fire Inspection Agricul.-Hotels-Rest CC Dade Comm.Lease Landlord's Letter (**Notary**)
- D.E.R.M. Bill of Sale (**Notary**) Insurance Sworn Affidavit (**Notary**) Tax ID
- Articles of Corp AHCA Police Background Vehicle Registration
- _____
- _____
- _____

Building Required: YES ___ NO ___ **Signature:** _____ **Date:** _____

Application processed by _____ Date _____ Inspected by _____ Date _____

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



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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 (old SIC 5812), 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.



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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 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.