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

HIRE-SCHOOL VEHICLE

DATE: _____ **TELEPHONE:** _____

OWNER: _____

DRIVER: _____

ADDRESS: _____

ITEMS REQUIRED BY LICENSE PERSONNEL WHEN INSPECTING

1. OCCUPATIONAL LICENSE NO. _____ DECAL NO. _____
2. F.H.P. VEHICLE INSPECTION DATE: _____
3. AUTHORIZED NUMBER OF PASENGERS _____
4. POLICE BACKGROUND / RESIDENTIAL AFFIDAVIT DATE: _____
5. MIAMI-DADE TRANSPORT CHAUFFEUR REGISTRATION EXP. DATE:_____
6. FIRST-AID CERTIFICATE BY AMERICAN RED CROSS EXP. DATE: _____
7. IDENTIFICATION PAINTED ON SIDE DOOR INSP.'S INITIAL: _____
8. "CAUTION TRANSPORTING CHILDREN" PAINTED ON BACK _____
9. FIRE EXTINGUISHER EXP. DATE: _____
10. CERTIFICATE OF INSURANCE BINDER EXP. DATE: _____
11. DRIVER'S LICENSE NO. :_____ EXP. DATE: _____
12. VEHICLE REGISTRATION NO. _____ EXP. DATE: _____

N.O.V. NO.'S_____ APPROVED BY:_____

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BUSINESS TAX RECEIPT NUMBERS A) ☐☐☐☐☐☐ – ☐☐☐☐

B) ☐☐☐☐☐☐ – ☐☐☐☐

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

ZONING CLASSIFICATION ☐

TOTAL FEE $ ☐

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

NEED COPIES OF ITEMS CIRCLED:

DECAL NUMBER_____

☑ Miami-Dade Chauffer Regist.
☑ F.H.P. Vehicle Insp.
☑ First Aid Cert.
❑ Articles of Corp
❑ _____

☑ Driver's License
☑ Sworn Affidavit (**Notary**)
☑ Insurance
☑ Police Background
❑ _____

☑ Vehicle Registration

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

Carlos Hernandez
Mayor
Isis Garcia-Martinez
Council President

Luis Gonzalez
Council Vice-President

Council Members

Jose F. Caragol
Vivian Casals-Muñoz
Katharine E. Cue-Fuente
Jose Yedra

City of Hialeah

98-2199: PARKING COMMERCIAL VEHICLES IN RESIDENTIAL ZONES.

UNLAWFUL TO PARK A SCHOOL BUS IN A RESIDENTIAL ZONE. THE CODE COMPLIANCE DIVISION WILL ISSUE A CITATION TO THE VIOLATOR OR PROPERTY OWNER WHEN FOUND IN VIOLATION OF THE CODE.

THANK YOU

CODE COMPLIANCE DIVISION
CITY OF HIALEAH

BUSINESS TAX DIVISION
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501 PALM AVENUE, HIALEAH, FL 33010

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.

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

FOR CASE DISPOSITION CONTACT – FELONY DIVISION
1351 NW 12 STREET
MIAMI FL 33125
305-279-1155

MIAMI-DADE COUNTY – LOCAL BUISINESS TAX
200 NW 2nd AVENUE
MIAMI FL 33128
TEL: 305-270-4949 & FAX: 305-372-6368