



Town of Miami Lakes

15150 NW 79th CT
Miami Lakes, Florida 33014
Phone: 305.827.4015 • Fax: 305.558.9884
www.miamilakes-fl.gov

BUILDING
DEPARTMENT

Contact telephone numbers when obtaining a Business Tax Receipt:

Town of Miami Lakes
Building & Permitting Department
Planning & Zoning Department
15150 NW 79th Court
Miami Lakes, FL 33016
305-827-4015

Miami-Dade County
Planning & Zoning
305-375-1806

Miami-Dade County
Fire Department
786-331-4800

Miami Dade County
Business Tax Receipt
305-270-4949

In addition to maintaining a Town of Miami Lakes Business Tax Receipt, each business also must maintain a current Miami-Dade County Business Tax Receipt.

The following information is offered for those businesses that need to charge sales tax:

Florida Department of Revenue Sales Tax Registration Unit: 850- 488-9750
Secretary of State, General Information: 850-414-5500

Division of Corporations: 850-488-9000,
P O Box 6327, Tallahassee, Fl 32314; 409 E.Gaines St, Tallahassee, FL 32399

Secretary of State, Fictitious Name Filing 850-488-9000
On line filing – www.sunbiz.org

BUSINESS TAX RECEIPT CHECKLIST

All required documents must be attached to the Business Tax Receipt application in order for it to be processed. Please avoid delays by making sure that all documents are attached when you submit your application. Incomplete applications will not be processed and will be returned.

The following is a check list of all **required** documents.

- Notarized Signature on completed Business Tax Receipt Application.
- Certificate of Incorporation or Articles of Incorporation certified by the State of Florida
or if not incorporated:
 - Fictitious Name Registration certified by the State of Florida
Please contact the State of Florida Division of Corporations/Fictitious Name Filing at 850-488-9000 if you do not have either of the above.
- Certificate of Use
Please Contact the Town of Miami Lakes Building Department at 305-827-4015 if you do not have a Certificate of Use.
- Any Business and/or Professional Licenses if required by the State of Florida
Please contact the State of Florida Division of Professional Business Regulation at 850-487-1395 or via internet at <http://www.state.fl.us/dbpr>
- Business Tax Receipt Fee
*See Page 4 of the Business Tax Receipt Application.**

****Please note:*** Each agency or professional business office is required to have a business tax receipt and each professional working out of such location is required to appear as a Licensee. **Examples:** A Real Estate Agency is required to have a tax receipt and each Realtor and each Broker is required to appear as a licensee; A Law firm is required to have a business office tax receipt and each Attorney is required to appear as a licensee; A Clinic requires a Medical Center License and each Doctor and/or therapist is required to appear as a licensee; Beauty Salon/Barber Shop requires a license then each "Chair" (each barber or stylist) is required to appear as a license. *In each of these examples, the applicant may submit one application and attach for each professional a copy of the Professional license issued by the DBPR along with the appropriate fee for each.*

Business Tax Receipt Application

Date: _____

Corporate Name: _____

Business Name: _____

Business Address: _____

Town: _____ State: _____ Zip: _____ Is this a home address: Yes _____ No _____
(Note: Many subdivisions within the Town have deed restrictions relating to the conduct of a business in a residential area.)

Mailing Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Business Owner: _____ Phone No. _____

Check One: Corporation Sole Proprietorship General Partnership Limited Partnership

Corporation Principal Names:

General/Limited Partnership Names:

President: _____ President: _____

Vice President: _____ Vice President: _____

Treasurer: _____ Treasurer: _____

Secretary: _____ Secretary: _____

Type of Business: _____

Please describe, in detail, the nature or type of business to be conducted and *circle all categories that apply on page 4*. Failure to provide accurate information could result in revocation of your business license and legal action.

List Accessory Uses: _____

Opening date of business at this location: _____ Alcoholic Beverage License #: _____

No. of employees: _____ Square Footage: _____ No. of Beds: _____
Manufacturers Retail/Wholesale/Distributors Hospitals

No. and type of professionals: _____

Seating capacity: _____ No. of Vending Machines: _____ # of Rooms: _____
Restaurants and Theatres Hotels/Motels

No. of Cars: _____ # of Apartments: _____
Automotive

Please attach copies of all applicable documents:

____ HRS Certificate ____ State Beverage License ____ Fictitious Name Reg.

____ State Contractor's License ____ Certificate of Insurance ____ Articles of Incorporation

____ Professional License ____ Tax I.D. # _____

This is to certify that all information given is true and accurate. I have read this application and the statements contained herein are true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Applicant's Signature Printed: _____ Title: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by _____ as _____
(name of person) (type of authority, e.g. officer, trustee, attorney in fact)

for _____
(name of party or company on behalf of whom instrument was executed)

Notary Public, State of Florida

Personally known ____ or produced identification ____.

Type of identification produced: _____