



City of South Miami
6130 Sunset Drive
South Miami, Florida 33143
Phone: 305-668-2503 Fax 305-666-4591

LOCAL BUSINESS TAX RECEIPT

Dear Applicant:

Enclosed is an application for the **City of South Miami** Local Business Tax Receipt. You would need to provide the following documents to obtain a Local Business Tax Receipt.

Checklists

- **Article of Incorporation** - Copy
- **Fire Department Permit** Approval is needed (if it's a new business and not joining an existing office) Contact Miami-Dade County Fire department to schedule an appointment at (786-331-4800) Applicant must provide final fire approval before license can be issued.
Note: Fire approval is required for each individual suite.
- **Certificate of Use** is required for all new applicants not joining an existing business. A one-time fee of \$75.00 will be assessed, plus a license tax fee.
- **Dade County**. Please confirm whether you need a Local business tax receipt from Miami-Dade County by calling 305-270-4949
 - **State License** if applicable (Professions regulated by State boards)
 - **Proof of Works's Compensation** insurance for four or more employees
 - If less than four employees, please provide a Sworn Affidavit
 - Proof of **Sanitation**
 - Proof of Biohazardous waste (if applicable)
 - Proof of alarm Registration from the City (if activated)
 - Proof of DERM Certificate from Miami-Dade County - Applicant is responsible for completing and submitting DERM paperwork to MDC and obtaining approval when applicable.

Fees:

The fee varies by classification.

In addition to the aforementioned requirements for all business owners, the following documents will be required from each of the categories of business listed below.

Category A

Apartments, Hotels, Motels, Restaurants, Cafeterias, Retail Grocery Stores, Food Stores, Drug Stores, Bakeries, Bars, Food and Meat Processing Plants, and all establishments that sell prepared foods:

- Hotel and Restaurant License.
- Alcoholic and Beverage license, if applicable.
- Outdoor Seating & Liability Insurance.
- Inspection Certificate from the Department of Business professional Regulation (DBPR)
- Public Swimming Pool Annual Operating Permit from H.R.S.
- Drug and/or Food Permits from the State, if applicable.

Category B

According to Chapter 10D-6, Florida Administrative Code, businesses operating in an industrial-manufacturing zone served by one-site sewage disposal system (septic Tank), must furnish the City proof of yearly operating form H.R.S.

Category C

Day Care Center, Nurseries, etc.:

- Inspection Certificate from Department of Health and Rehabilitative Services

Category D

Contractor, Ballroom Dance Studios, Health Studios, Sellers of Travel, Motor Vehicle Repair Shops, Telemarketing businesses:

- Proof of current state registration or exemption from the Department of Agriculture and Consumer Services, per Florida Statutes.

Category E

Exempt persons 65 years of age or older:

- Copy of a picture I.D. stating date of birth.
- Sworn affidavit indicating not more than one employee or helper, and use their own capital only in excess of \$1,000.00

Category F

Non-Profit Organizations:

- Notarized copy of State of Florida Non-Profit Organization Certificate.

Payment s will not be accepted, and licenses cannot be renewed if:

1. Any outstanding funds are due to the City, such as false alarms, lien on property, inspection fines, sanitation or extra trash pick-up that have not been paid in full.

2. Any of the documents required from the categories of business listed above is not received.
3. Full payment of license fee is not received.

If we must return your application for any reason, remember that penalties begin for any license not reviewed by October 1st of each year.

For More information:

Once you have applied for a Local Business Tax Receipt, the Building and Zoning and the Fire Department will conduct fire, building and electrical inspection to check for compliance with South Florida Building Code. The application needs to pass all final inspections and requires final approval by the Local Business Tax Compliance Officer. The process takes an average of two to three weeks. Applications for the City of South Miami Local Business Tax Receipt are made via the Code Enforcement Department, 6130 Sunset Drive. For additional information, call 305-668-2503 between 8:00 am and 4:00 p.m. Monday - Friday, excluding holidays.

Please contact

Hector Rabi at 305-668-2503

Local Business Tax Compliance Officer

HRabi@southmiamifl.gov



**CITY OF SOUTH MIAMI
OCCUPATIONAL LICENSE APPLICATION**

6130 Sunset Drive, South Miami, FL 33143
Phone: (305) 668-2503 Fax: (305) 666-4591

Code Enforcement Department

CHECK ONE: NEW BUSINESS EXISTING BUSINESS HOME BUSINESS CHANGE OF ADDRESS CHANGE OF NAME

Please Print:

NAME OF BUSINESS
OR APPLICANT NAME: _____ BUS. PHONE: (____) _____

BUSINESS ADDRESS: _____

MAILING
ADDRESS: _____

NAME OF OWNERS (PROPRIETOR, PARTNERS, OR CORPORATE OFFICERS)

DATE BUSINESS WILL COMMENCE IN THE CITY OF SOUTH MIAMI: (MM) _____ (DD) _____ (YYYY) _____

Tax ID#: _____ S.S.#: _____ D.L.# _____

Emergency Contact Person: _____ Phone: _____

PROPERTY OWNER: _____ Phone: _____

FOR TRANSFER LIST PREVIOUS VALID LICENSE NO.: _____

PRODUCT(S) / SERVICES TO BE SOLD: _____

MAXIMUM NO. OF EMPLOYEES INCLUDING OWNERS AND MANAGERS:

GROSS FLOOR AREA OF BUSINESS FACILITY: _____ SQUARE FEET

NUMBER OF PARKING SPACES EXCLUSIVELY FOR THIS USE: _____

DO YOU CURRENTLY HAVE A COVENANT, EASEMENT, OR LONG TERM LEASE (CONTRACT) FOR OFF-SITE REQUIRED PARKING FOR THIS USE: YES NO (IF YES, SUBMIT COPY OF CONTRACT.)

WILL THIS BUSINESS:

- JOIN AN EXISTING OFFICE: Name of Office: _____ YES NO
- BE A PROFESSIONAL ASSOCIATION: YES NO
- REQUIRE A STATE LICENSE: (IF YES, PROVIDE PROOF) YES NO
- BE LICENSING FEE EXEMPT: (IF YES, PROVIDE PROOF) YES NO

Note: Restaurants, bars, or night clubs attach health certificate and liquor license. All applicants must provide proof of sanitation service.

All Occupational Licenses expire on September 30th of each year and all merchants are responsible for renewing there license(s) each year. I swear that all the above information is correct.

SIGNED _____ TITLE _____ DATE _____

OFFICIAL USE ONLY	ITEMS	FEES
USE:	LICENSE	
CLASSIFICATION:	C.U.	
USE APPROVED BY: _____ DATE: _____	TRANSFER	
LICENSE NO.: _____ YEAR: _____	PENALTY	
ISSUE DATE: _____ BY: _____	TOTAL	

BUSINESS NAME _____

OWNER'S NAME: _____ PHONE:(_____)

ADDRESS: _____

TYPE OF BUSINESS: _____

Under penalties of perjury, I declare that I am the owner of this property and that I have read the foregoing document and that the facts stated in it are true.

DATE _____ OWNER'S SIGNATURE _____

OFFICIAL USE ONLY

ZONING DISTRICT _____

INSPECTION FEE: \$75

	APPROVE	DATE	REJECT	DATE	COMMENTS
ZONING					
BUILDING					
ELECT.					
FIRE					
SANITATION					