



# Town of Miami Lakes

15700 NW 67th Avenue, 1st Floor  
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  
15700 NW 57th Avenue  
Miami Lakes, FL 33014  
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](http://www.sunbiz.org)



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## **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 licensee. *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.*



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## Business Tax Receipt Application

Date: \_\_\_\_\_

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.

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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: \_\_\_\_\_



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Applicant's Signature Printed: \_\_\_\_\_ Title: \_\_\_\_\_



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State of Florida  
County of Miami Dade

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: \_\_\_\_\_.