

Local Business Tax License Application



Town of Cutler Bay
10720 Caribbean Boulevard, Suite 105
Cutler Bay, Florida 33189

Office Use Only
Categories: _____
Fee: _____

Local Business Tax License Application

APPLICATION PROCEDURE

The following steps must be taken to establish a business within the Town of Cutler Bay:

- Step 1. Before signing a lease or purchasing property in the Town of Cutler Bay, check with the Planning and Zoning department to make certain that the proposed business or occupation is permitted at the address intended. The Planning Division will verify that all parking requirements for your proposed business or occupation are met as well.
- Step 2. Apply for a Certificate of Use and Occupancy from the Town of Cutler Bay.
- Step 3. Once you have obtained verification from the Planning and Zoning Division that your business meets the zoning and parking requirements, you must complete the attached Local Business Tax License application, which must be signed by the owner of the business and notarized.
- Step 4. Submit the completed application with all necessary attachments (which are indicated by bold italics throughout the application) to the Building and Planning Department for processing.

PLEASE READ CAREFULLY

For the Town of Cutler Bay Town Clerk's Office to process your Local Business Tax License Application, it is necessary that the application be complete and include all attachments.

During the processing of your application, you may be asked to submit additional information. The Town does not guarantee a license upon submission of your application. Submission of an application does not imply consent to operate your business therefore, you shall not conduct any business until a Local Business Tax License is issued. The Town may not be held responsible for improvements you make on the location prior to all approvals given for the issuance of your Local Business Tax License. Proper permits must be obtained for all alterations, remodeling, and repairs affecting the electrical, plumbing, mechanical or building structure.

APPLICATION

Instructions: Please print or type to allow for a more accurate processing of your application.

Name of Applicant/Business: _____ Commence Date: _____

DBA: _____ Contact Person: _____

Additional Contact: _____ Telephone Number: _____

Business Address: _____ Business Telephone: _____
_____ Business Fax: _____

Please indicate what products will be sold or services rendered: _____

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Name of Applicant: _____ Social Security Number: _____

Florida Driver's License Number: _____

Applicant's Mailing Address: _____

Applicant's Home Telephone: _____ Applicant's Fax Number: _____

If this business is a proprietorship, please provide the name of the proprietor in the space provided below:

If this business is a partnership, please provide the names of the partners in the space provided below:

If this business is a corporation, please provide the names of the officers and their titles in the space provided below:

Please submit the corporate documents showing the Federal Identification Number and/or registration as a Corporation/Fictitious Name.

Please provide proof of approved sanitation services.

WILL THIS BUSINESS...

- 1. Be a professional association? Yes ___ No ___
- 2. Join an existing office? Yes ___ No ___
- 3. Have door-to-door service? Yes ___ No ___
- 4. Operate from a home? Yes ___ No ___
- 5. Require state licensing? Yes ___ No ___
- 6. Require license transfer? Yes ___ No ___
- 7. Be licensing fee exempt? Yes ___ No ___
- 8. Serve liquor? Yes ___ No ___
- 9. Serve food? Yes ___ No ___
- 10. Sell tobacco products? Yes ___ No ___
- 11. Have day or adult care services? Yes ___ No ___
- 12. Deal with hazardous materials? Yes ___ No ___
- 13. Any work or alterations? Yes ___ No ___
- 14. Not-For-Profit Organization? Yes ___ No ___

If Yes, provide original Local Business Tax License.

If Yes, describe the work in the space provided below.

If Yes, provide a copy of not-for-profit documentation.

GENERAL INFORMATION

Instructions: Please write N/A if the question is not applicable to the type of business you are applying for.

- 1. What is the gross floor area of the business facility?
Please provide a copy of your lease agreement to verify square footage.
2. What is the number of parking spaces exclusively for this use?
3. What is the number of employees including owners and management?
4. What is the number of coin operated machines at location? (i.e. cigarette, soda, washer machines, drier, etc.)
Please provide a completed application for coin operated machines.
5. What is the number of units?

AFFIDAVIT

State of
County of

being first duly sworn, deposes and says that:

He/she is the (Owner, Partner, Officer, Representative or Agent) of (name of applicant), and that matters and facts stated in this application are true to his/her knowledge, and that he/she as (title) for (name of applicant) is authorized to execute this application for the purposes of obtaining a Local Business Tax License from the Town of Cutler Bay.

Signature Sworn to and subscribed before me this day of
Print Name and Title Notary Public, State of Florida
Telephone My Commission Expires:

QUESTIONS

Any questions concerning this application should be referred to the Town Clerk's Office at 10720 Caribbean Boulevard, Suite 105, Cutler Bay, Florida 33189. Office hours are 9:00 A.M. thru 5:30 P.M. You may also call (305) 234-4262 or fax your questions to (305) 234-4251.

CHECKLIST OF ATTACHMENTS

The following is a checklist of attachments which your application **may need to have** in order to be processed. Please attach the required documentation to the application.

- Miami-Dade County Local Business Tax License.
- Certificate of Use/Zoning Inspection
- Fire Inspection Report, call (786)331-8000 for an inspection.
- Coin Operated Machine Application.
- Proof of hazardous waste pick-up for any type of medical offices.
- Proof of approved sanitation services if an eating establishment
- Corporate documents showing the Federal Identification Number and registration as a Corporation/Fictitious name.
- Lease Agreement showing Square Footage figures.
- State License, if applicable.

FOR OFFICE USE ONLY – DO NOT COMPLETE

Date inspections requested: _____

	Approved By	Date	Rejected By	Date
Building				
Plumbing				
Electrical				
Mechanical				
Zoning				
DERM				

Be advised: The following documents are required:

- Site/Floor Plan _____
- Declaration of Use _____
- IUC Letter _____
- Health Department Approval _____
- See Exhibit File _____
- Other _____