

**Local Business Tax Receipt Application**



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

<b>Office Use Only</b>
Categories: _____
Fee: _____

**Local Business Tax Receipt 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 Receipt 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 Finance Department for processing.

**PLEASE READ CAREFULLY**

For the Town of Cutler Bay Finance Department to process your Local Business Tax Receipt 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 issuing a business tax receipt 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 Receipt 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 Receipt. 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 Phone: \_\_\_\_\_  
\_\_\_\_\_ Business Fax: \_\_\_\_\_

Please indicate what products will be sold or services rendered: \_\_\_\_\_  
\_\_\_\_\_

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Name of Applicant: \_\_\_\_\_ Social Security/Federal Tax ID Number: \_\_\_\_\_

Florida Driver's License Number: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Home Telephone: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

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, if applicable, Corporation/Fictitious Name registration.**

**Please provide proof of approved sanitation services, if required.**

**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 Receipt.*

*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? Square feet
Please provide a copy of your lease agreement to verify square footage.
2. What is the number of parking spaces exclusively for this use? Regular spaces, Handicap, Stroller
3. What is the number of employees including owners and management? Employees
4. What is the number of coin operated machines at location? (i.e. cigarette, soda, washer machines, drier, etc.) Machines
Please provide a completed application for coin operated machines.
5. What is the number of units (ask Town staff for details)? 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.

Sworn to and subscribed before me this day of, 20.

Signature, Print Name and Title, Notary Public, State of Florida

Telephone, My Commission Expires:

QUESTIONS

Any questions concerning this application should be referred to the Finance Department at 10720 Caribbean Boulevard, Suite 105, Cutler Bay, Florida 33189. Office hours are 8 A.M. thru 5 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 (ask Town staff for details). Please attach the required documentation to the application. During review of your application, additional documentation may be requested to complete processing.

- Miami-Dade County Local Business Tax Receipt.
- Certificate of Use/Zoning Inspection.
- Fire Inspection Report, call Miami Dade County 311 for information.
- 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 \_\_\_\_\_