



City of Miramar
An Equal Opportunity Employer

Mayor

Wayne M. Messam

City Commission

Winston F. Barnes

Maxwell B. Chambers

Yvette Colbourne

Darline B. Riggs

"We're at
the Center of Everything"

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar FL 33025
businesstax@miramarfl.gov

Phone (954) 602-3040
Phone (954) 602-3061
FAX (954) 602-3470

Re: Business Tax Application Commercial Child Care or Adult Day Care

Dear Sir or Madam:

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to acquire a City Business Tax Receipt. **This process has two steps.**

Step 1: Complete the Certificate of Use process with Building Department. This process must be approved first before your business tax application can be processed. Applications are available in the City of Miramar's Community and Economic Development, Building Division.

Step 2: Complete the enclosed 4 page application and return it with the requirements listed below.

Business Tax Requirements:

1. Photocopy of applicant's Florida Driver's License
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of Training Certificates from State of Florida *(30 Hour Training, CPR, First Aid & State licenses)*
4. Photocopy of Employer Identification Number (EIN) or Federal Tax Identification Number on the form from the IRS.
5. Photocopy of Liability Insurance Certificate. *(Must be on an Acord Form and must list the Miramar business address)*
6. Photocopy of Waste Pro Contract Agreement. *(If you're sharing a container and it's not listed in your lease agreement, please provide the City with a copy of the business you're sharing with contract agreement and a notarized letter from the owner authorizing you to share the container. Please Note: If the business you're sharing the container with account is not current you will need to set up your own account.)*
7. Photocopy of Business Lease or Bill of Sale. *(Must be signed by all parties. No electronic signatures accepted.)*
8. Photocopy of the Complete/Passed Fire Inspection from the Miramar Fire-Rescue Department.
9. A non-refundable application fee of \$25.00. The license fee is due once your application is approved. *(*** License fees may change based on your final fire inspection ***)*

Mail or return all requirements together to:
City of Miramar
Business Tax Office
2300 Civic Center Place
Miramar FL 33025

City of Miramar
2300 Civic Center Place
Miramar, Florida 33025

Business Tax Receipt Application Child Care or Adult Day Care Commercial

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take five to seven business days. All information on this application must be accurately and in its entirety. Your failure to answer all the questions in its entirety will result in the denial of the license under Chapter 11, Miramar City Code. This application must be **signed by the applicant and notarized.** All necessary photocopies will need to be made by the applicant. You must also obtain a Broward County Business Tax Receipt.

Date: _____

Business Name: _____

Business Address: _____ (Zip)

Business Phone No: (____) _____ Business Fax No: (____) _____

Business Email Address: _____

Emergency Contact Person: _____

Emergency Contact No: (____) _____

Form of Business: () Individual () Partnership () Corporation () Other _____

Commercial Child Care or Adult Day Care Business Tax Receipt Application Continued

Describe business operations in detail (please include all services provided)

Number of children? _____ Number of adults? _____

Number of Infants _____ Number of Preschool _____ Number of School-Age _____

Maximum Capacity: _____

Hours of Operation _____

No of Employees:

_____/_____
(Full-time) (Part-time)

Square Footage _____ () Fire Alarm () Fixed Fire Suppression
(Must Have Square Footage)

Do you have any Hazardous Chemicals/Materials at this location? _____

Do you have a generator at this location? _____

Please attach a photocopy of any training certificates for all your employees.

Each Employee must have:

1. First Aid Training Certificate
2. Infant, Child and Adult CPR Certificate
3. 30 Hour Family Child Care Home Training Certificate (Child Care Only)

Commercial Child Care or Adult Day Care Business Tax Receipt Application Continued

Applicant's Full Name: _____

Applicant's Current Home Address: _____

Applicant's Mailing Address (if different): _____

Applicant's Home Telephone No: () _____

Other Contact No for applicant: () _____ **Type** _____

Date of Birth: _____ **Soc Sec Number:** _____

Driver's License No: _____

Sex _____
(M or F)

Race: _____

Have you ever been convicted of a felony or misdemeanor within the past three (3) years? _____

If yes, what offense were you convicted of? _____

Have your civil rights been restored? _____

If yes, please provide copies of the documents restoring your civil rights.

Commercial Child Care or Adult Day Care Business Tax Receipt Application Continued

Please be advised that the City of Miramar relies upon the accuracy of your responses to the questions answered on this application in determining whether your Business Tax Receipt should be granted. If the City of Miramar determines that the Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City reserves the right to revoke your license, cite you with a Code Compliance violation or take appropriate action to bring your license into conformance with City regulation.

I have read and agree to the above terms and conditions. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar. I understand that I **MUST** have zoning approval **before** I start operating. I have answered all questions in this application fully, truthfully and correctly.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____.
Personally appeared _____ who is personally known or
produced identification. Type of Identification Produced _____

Signature of Notary

(SEAL)

If your license has been denied or if there is a dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

FOR BUSINESS TAX OFFICE USE ONLY:

Approved: _____	
Denied: (State Reason) _____	

_____	_____
Designee	Date