



## CITY OF MIRAMAR

An Equal Opportunity Employer

### Mayor

Wayne M. Messam

### Vice Mayor

Alexandra P. Davis

### City Commission

Winston F. Barnes

Maxwell B. Chambers

Yvette Colbourne

### City Manager

Vernon E. Hargray

**"We're at the  
Center of Everything"**

City of Miramar  
C/O Business Tax Office  
2300 Civic Center Place  
Miramar, FL 33025  
[www.miramarfl.gov](http://www.miramarfl.gov)

Phone (954) 602-3040  
Phone (954) 602-3061  
Fax (954) 602-3470  
Fax (954) 602-4498

Email: [businesstax@miramarfl.gov](mailto:businesstax@miramarfl.gov)

Re: Business Tax (Child Care Home)

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 get a City Business Tax Receipt.

Step 1: Complete the enclosed 4-page application and return it with the requirements listed below.

### Business Tax Requirements:

1. Photocopy of the applicant's Florida Driver License
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of the Training Certificates from State of Florida *(30 Hour Training, CPR, First Aid and State of Florida License)*
4. Photocopy of the Employer Identification Number on the form from the IRS or Photocopy of owner's Social Security Card.
5. Photocopy of the Homeowners Insurance Policy for the business location.
6. Photocopy of the Completed Fire Inspection by City of Miramar Fire, Life and Safety Department.
7. **A non-refundable application fee of \$10.00. The license fee is due once your application is approved. (\*\*\*) License fees may change based on your final fire inspection (\*\*\*)**

Please return in person or mail with all requirements 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 for Child Care (Home)**

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. The City of Miramar will conduct a criminal history background check on the applicant. 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)

Phone No: (\_\_\_\_) \_\_\_\_\_ Form of Business: ( ) Individual ( ) Partnership

If your form of business is a partnership we will need to have your partner's information.

**Describe your business operations in detail: (please list all services provided)**

---

---

---

---

Are you the owner of this property? YES \_\_ NO \_\_ If no, please provide us with a copy your residential lease and a notarized letter from the property owner(s). (Notarized letter must include permission to operate a childcare from the property and all of the owner(s) contact information. The letter must be signed and notarized by all owners)

**Home-Based Child Care Business Tax Receipt Application continued**

Number of children: \_\_\_\_\_

Number of Infants \_\_\_\_ Number of Preschool \_\_\_\_ Number of School-Age \_\_\_\_

Hours of Operation \_\_\_\_\_

How many employees are working at the child care? (Including yourself as one)

No. of Employees:

\_\_\_\_\_/\_\_\_\_\_  
(Full-time) (Part-time)

Are any of these employees not a member of your immediate family?

YES \_\_\_\_\_ NO \_\_\_\_\_

How many employees will be traveling to your home? \_\_\_\_\_

\*\*\*\*\*

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

Each Employee must have:

1. First Aid Training Certificate
2. Infant & Child Cardiopulmonary Resuscitation (CPR) Certificate
3. 30 Hour Family Child Care Home Training Certificate

**Business Tax Receipt Application for Child Care (Home) continued**

Operator's Full Name: \_\_\_\_\_

Operators Current Address: \_\_\_\_\_  
(city) (zip)

Date of Birth: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_  
 (Must have a valid State of Florida License or Identification Card)

Mailing Address, if different: \_\_\_\_\_

Operators email address: \_\_\_\_\_

**Please list all family members residing in the home where the family child care is located.**

Name (first, middle( maiden), last	Sex	Date of Birth	Social Security Number

**Business Tax Receipt Application for Child Care (Home) 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 as a Home Child Care. 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 INTERDEPARTMENTAL USE ONLY (ZONING DEPARTMENT):**

**Please review this application and return it to the Business Tax Office.**

Approved: \_\_\_\_\_

Denied: (State Reason) \_\_\_\_\_

\_\_\_\_\_  
Department Head or Designee

\_\_\_\_\_  
Date