



**City of Miramar
 Business Tax Office
 2300 Civic Center Place
 Miramar FL 33025
 (954) 602-3040 phone (954) 602-3061 phone
businessstax@miramarfl.gov email**

City of Miramar Cancellation of Business Tax Receipt

Please complete this form and attach a copy of the **State of Florida Articles of Dissolution OR the first page of your new business lease** and return it to the Business Tax Office. If your business is closing and you opt to keep your business name active with the State of Florida, we will need a notarized statement along with the cancellation letter informing the City of Miramar that **you will no longer conduct business within the Miramar City limits.**

Business Name: _____

City of Miramar Business Tax Number: _____

Business Address: _____

Owner/Contact Name: _____

Date of Cancellation: _____

Reason for cancellation: _____

If your business tax fees are already paid and you are requesting a refund, refunds are only issued on fees paid for the business tax portion of the bill, **not fire inspection fees**. Please provide a forwarding address for your refund to be sent vis US Postal service. Refund will take 2-4 weeks.

 Notarized Signature

State of Florida
 County of _____

Sworn to and subscribe before me this ____ day of _____ 20__ . Personally appeared _____ . Who produce identification or is personally know to me. Type of Identification Produced _____

 Signature of Notary

(SEAL)