



## 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

Dr. Roy Virgin

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

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

Re: Business Tax Receipt Application for Apartments

Dear Sir or Madam:

Any person, who owns or manages an apartment complex within the City, is required by City ordinance to acquire a City Business Tax Receipt. **Please complete the enclosed application and return with all the requirements listed.** If your location has a leasing office onsite; you must first complete the Certificate of Use process in the City of Miramar's Community and Economic Development Department; Building Division.

### 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 Settlement Statement or Warranty Deed for Miramar Property. *(Documents must be signed by all parties and/or certified by Broward County)*
4. Photocopy of the General Liability Insurance Certificate for 5 or more units *(Must be on the Acord form and must list the Miramar apartments address)* or Photocopy of the Homeowners Insurance Policy for 4 units only and must list the apartments address.
5. Photocopy of the State of Florida license from the Division of Hotels and Restaurants. *(For five units or more only)*
6. Photocopy of the Employer Identification Number on the form from the IRS.
7. Photocopy of the Waste Pro Contract Agreement. *(For five units or more)*
8. 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 \*\*\*)*

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  
Business Tax Office  
2300 Civic Center Place  
Miramar Fl 33025**

**Business Tax Application (Apartments)**

**Date:** \_\_\_\_\_

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. Please complete all the information in this application accurately and in its entirety. ***The application must be signed and notarized.*** All necessary photocopies will need to be made by the applicant. Failure to answer all questions in its entirety will result in the denial of your application under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

**Apartments Name:** \_\_\_\_\_

**Apartments Address:** \_\_\_\_\_  
\_\_\_\_\_ (Zip)

**Date of Purchase:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person email address:** \_\_\_\_\_

**Contact Person Phone Number: ( )** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Contact Number: ( )** \_\_\_\_\_



Business Tax Receipt Application (Apartments) Continued

Have you been convicted of a felony or misdemeanor within the past three (3) years? If yes, what offense were you convicted of? \_\_\_\_\_  
Have you civil rights been restored? \_\_\_\_\_ If yes, provide copies of documents restoring your civil rights.

\_\_\_\_\_  
NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Personally appeared: \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

(SEAL)

If your license has been denied or if there is 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