



## CITY OF MIRAMAR

An Equal Opportunity Employer

### Mayor

Wayne M. Messam

### Vice Mayor

Yvette Colbourne

### City Commission

Winston F. Barnes

Maxwell B. Chambers

Alexander P. Davis

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

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

## 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 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 & State of Florida License*)
4. Photocopy of the Employer Identification Number (EIN) on the form from the IRS.
5. Photocopy of the General Liability Insurance Certificate. (*Must be on the Acord Form and must list the Miramar business address*)
6. Photocopy of the 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 the Business Lease or Warranty Deed. (*Must be signed by all parties. No electronic signatures accepted. Warranty Deed must be certified by Broward County Records*)
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 \*\*\**)

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 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)

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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



The following double sided pages are for your information only. Thank you!

## Other Important Information for the Applicant

Broward County Business Tax Office (954) 831-4000  
Governmental Center Annex  
115 S Andrews Ave  
Ft Lauderdale Fl 33301  
[www.broward.county-taxes.com/btexpress](http://www.broward.county-taxes.com/btexpress)

Broward County Child Care Licensing & Enforcement (954) 357-4800  
115 S Andrews Ave, Room 119  
Ft Lauderdale Fl 33301

State Of Florida (888) 419-3456  
Agency for Health Care Administration  
Adult Day Care Centers  
2727 Mahan Dr  
Tallahassee, Fl 32308  
[www.Floridahealthfinder.gov](http://www.Floridahealthfinder.gov)

Fictitious Name Registration (850) 488-9000  
P O Box 1300  
Tallahassee Fl 32302  
[www.sunbiz.org](http://www.sunbiz.org)

Department of State (850) 487-6052  
Division of Corporation  
P O Box 6327  
Tallahassee Fl 32314  
[www.sunbiz.org](http://www.sunbiz.org)

City Of Miramar (954) 602-3207  
Building Division (Certificate of Use)  
2200 Civic Center Pl  
Miramar Fl 33025

Employer Identification Number (800) 829-1040  
[www.irs.gov](http://www.irs.gov)



**MIRAMAR      PEMBROKE PINES**  
REGIONAL CHAMBER OF COMMERCE

**Join the Chamber of Commerce – the City of Miramar will help!**  
NEW commercial businesses in the City are eligible to receive \$150 towards their first year membership dues. If you are an EXISTING business that has never been a member, you also qualify. By completing this form you accept the following terms of joining the Chamber through this incentive:

- Attend the chamber orientation meeting provided for all chamber members the last Tuesday of every month to gain insight on how the chamber is relevant to my business
  
- Attend three chamber meetings or events within my first three (3) months of membership which include but are not limited to:
  - Monthly breakfast meetings
  - Express net meetings
  - Ribbon cutting
  - Business expo
  - Business after hours
  - Chamber events
  - Join a committee
  - Leadership programs
  
- A Chamber member from the Ambassador or Membership Committee will be in contact with you within the first 90 days of membership

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information on the Miramar-Pembroke Pines Regional Chamber of Commerce please visit our website <http://www.miramarpembrokepines.org> or contact Samia Chevannes at (954) 432-9808.