



CITY OF MIRAMAR

An Equal Opportunity Employer

Mayor

Wayne M. Messam

Vice Mayor

Yvette Colbourne

City Commission

Winston F. Barnes

Maxwell B. Chambers

Alexandra 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

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

Email: 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

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 _____

THE UNIVERSITY OF CHICAGO

Department of Chemistry
5780 South Ellis Avenue
Chicago, Illinois 60637

Dear Sirs:

Enclosed for you are

Yours faithfully,
[Signature]

Very truly yours,
[Signature]

[Signature]

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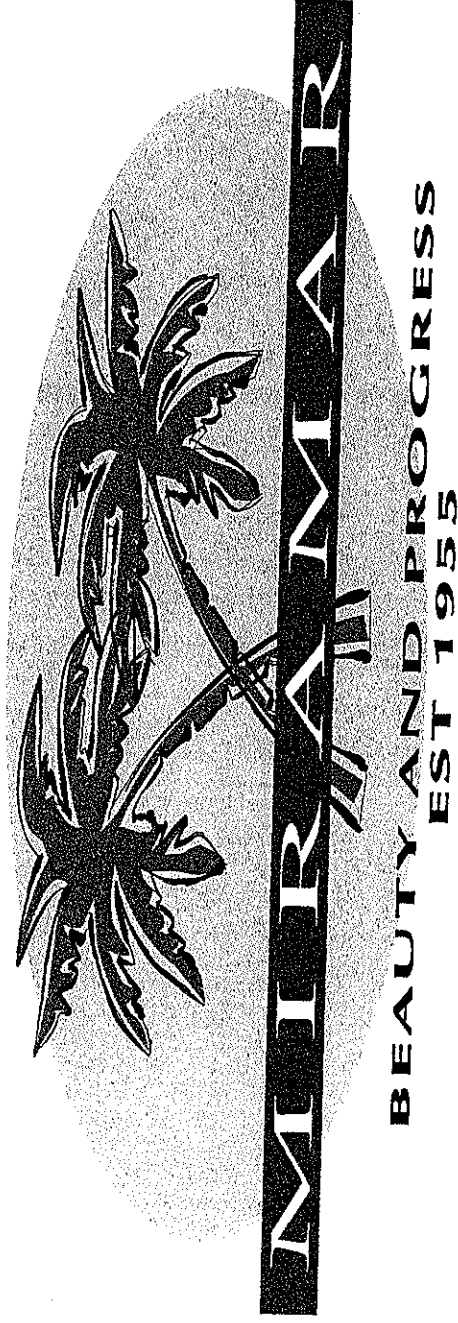
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The following double sided pages are for your information only. Thank you!

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Other Important Information for the Applicant

Broward County Business Tax Office (954) 765-4697
Governmental Center Annex
115 S Andrews Ave
Ft Lauderdale Fl 33316
www.co.broward.fl.us

Child Care Licensing & Enforcement (Broward County) (954) 537-2800
2995 N Dixie Highway
Ft Lauderdale Fl 33334
Monday – Friday 8:00 am – 5:00 pm

Child Care Training Information Center (CCTIC) (888) 352-2842
State Of Florida

Fictitious Name Registration (850) 488-9000
P O Box-1300
Tallahassee Fl 32302

Department of State (850) 487-6052
Division Of Corporation
P O Box 6327
Tallahassee Fl 32314

Florida Sales Tax (954) 967-1000
6565 Taft Street Ste 400
Hollywood Fl 33023

City Of Miramar (954) 602-3267
Zoning Information
2200 Civic Center Pl
Miramar Fl 33025

Employer Identification Number (800) 829-1040



MIRAMAR PEMBROKE PINES REGIONAL CHAMBER OF COMMERCE

Join the Chamber of Commerce – the City of Miramar will help!
NEW Home Occupations (Home-based Businesses) in the City are eligible to receive \$150 towards their first year membership dues. If you are an EXISTING Home Occupation 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.