



BUSINESS TAX RECEIPT SUBMITTAL CHECKLIST

All documents must be sent electronically
to **BusinessLicensing@homesteadfl.gov**

- Complete Business Tax Receipt Application:** Please write the information legible and complete the form to its entirety. If the category is not applicable, then please insert N/A.
- State of Florida Business Registration Documents:** This can be filed Articles of Incorporation, LLC registration, or Fictitious Name. Available through www.sunbiz.org.
- Lease Agreement/ Warranty Deed:** Including signatures of the landlord and tenant, tenant/building square footage, business address with suite number, and the proposed use/occupancy.
- Valid Identification Card:** please provide a copy.
- Interior Sketch Layout:** please submit a hand sketch copy of the existing interior space illustrating the office/suite space, bathroom, storage room, entrance and exit doors, etc.
- Federal Tax ID Number or EIN:** This is obtained from the Internal Revenue Service website OR call 1-800-829-4933
- State/Miami Dade County Trade or Professional License:** If applicable, based on the type of business being registered.
- AHCA Licensing Certificate:** If applicable. For Assisted Living Facilities. Contact (850)412-4304
- Certificate of License:** If applicable. For Agency for Persons with Disabilities for Group Homes. Contact (850) 488-4257
- Miami Dade Certificate of Use:** Application will be provided to applicant after the BTR application review is completed and it is evidence that the structure has obtained the proper CO for the proposed type of use/occupancy. Menu - EPS (miamidade.gov) **(not required for home-based businesses)**
- Fire Permit Certificate/Fire Inspection Report:** Available through the Miami-Dade Fire Department website (www.miamidade.gov/fire), or call (786) 331-4800 **(not required for home-based businesses)**
- Home Based Businesses Affidavit:** If applicable.



LOCAL BUSINESS TAX RECEIPT (BTR) APPLICATION FORM

Pursuant to City Code §16-17

BUSINESS INFORMATION: (Please write the information legible and complete the form to its entirety. If the category is not applicable, then please insert N/A).

Business Name or DBA: _____

Business Address: _____ Suite No. _____

City: _____ State: _____ Zip: _____ Folio No. _____

Home/Apartment _____ Office _____ Store _____ Warehouse _____ Other: _____

Corporate Name: _____

President's Name: _____ Email: _____

Business Mailing Address: _____

Federal Employer I.D. _____ DL # _____

Phone # (Business) _____ Secondary Phone (Cell) # _____

Property Owner: _____

Phone (Business) # _____ Secondary Phone (Cell) # _____ Email: _____

NATURE OF BUSINESS: _____

Number of Employees: _____ Hours of Operation (Include Days and Times): _____

Tenant Space / Building Space Sq. Footage: _____ Outdoor Storage Sq. Footage: _____

Are you sharing a space with another business? _____ If yes, provide business name: _____

Home Office / Workspace Sq. Footage (Home Business Only): _____ ATM Machine: _____ Amusement Machines / Electronic Video Games: _____

Number of Seats for Places of Public Assembly, Recreation Establishments, or School: _____ Number of Rooms / Apt Units: _____ Number of Children, Students, Residences, or Patients: _____ Are the Seats Fixed? _____

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Number of Seats for a Restaurant: _____ Ancillary Sidewalk Café / Open-Air Café / Outdoor Seating: _____

Type of Alcoholic Retail Beverage: _____ Alcoholic Retail Beverage Hours of Sale
(Include Days and Times): _____

Service Station / Fuel Canopies: _____ Vending Machines: _____ Washers/Dryers: ____/____ Number of Stations for a
Barbershop, Nail Salon, Hair Salon or Tattoo Shop: _____

Will there be any renovations, alterations or repairs made to the premises? _____ If yes, explain what type of work will
be done: _____

The above information is true and complete to the best of my knowledge.

Applicant Name	Applicant Signature	Date
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NOTICE TO APPLICANT: This application will be forwarded to the appropriate department for approval. The premises must be accessible for inspections, a \$35 fee per inspector will be added to your BTR once approved by zoning. If the use does not conform to the zoning, the application will be denied until all approvals required for the intended use are obtained.

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

PLANNING & ZONING:

FLUM Designation: _____ Current Zoning: _____ Historic Landmark Status: _____
Zoning District Permitted Use Category: _____

Past Zoning Approvals: _____

If the use is not allowed in the zone, what must the applicant do to obtain approval for the use? _____

Zoning Recommendation: _____ Signed by: _____ Date: _____

Zoning Conditions / Notes:

BUILDING:

Does the intended use constitute a Change of Use? _____

Will the tenant need to obtain an updated Certificate of Occupancy? _____

MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE

<p><i>*Section 1 & 2 must be completed prior to submittal for review accompanied with the municipal application along with the payment of the initial review fee. Submittal of application may result in further reviews and additional fees incurred.</i></p>	DATE
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SECTION 1 – BUSINESS INFORMATION (to be completed by Applicant)

SITE/BUSINESS ADDRESS	UNIT/SUITE#	PROPERTY TAX FOLIO NUMBER	
BUSINESS OWNER NAME	BUSINESS NAME OR DBA		
MAILING ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBER	E-MAIL	
SQUARE FOOTAGE OF UNIT(S):	PROPOSED USE/TYPE OF BUSINESS		
<p><i>Please note that a lease agreement may be requested to verify square footage.)</i></p>	<p><i>Please note that some business types may require a DERM Operating Permit. To determine if your business requires an operating permit(s), please see page 2 of this application.</i></p>		

Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law.

Signature of applicant confirms the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued.

PRINT NAME	SIGNATURE
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SECTION 2 – MUNICIPAL INFORMATION (to be completed by Municipal Official or Staff)

MUNICIPAL CERTIFICATE OF USE APPLICATION NUMBER	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
Was a building permit required to establish/expand the current proposed use? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, provide the following:</i>		
MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER	
MUNICIPAL OFFICIAL PRINT NAME	TITLE	
SIGNATURE	TELEPHONE NUMBER	

Please note that if your business type is not listed below it may not exempt you from the requirement of obtaining an operating permit. To obtain a copy of the specific operating permit application, please visit our website at <http://www.miamidade.gov/permits/> or to verify if you require an operating permit contact us at (786) 315-2800.

TYPE OF BUSINESS / SPECIFIC USE	REQUIRED OPERATING PERMIT(S)
Agricultural Packing Houses	AW
Air Conditioning Repair	AP (if coating or painting) and IW5
Aircraft Dismantling, Maintenance, Repair	AP and IW or IW5 or IWP
Animal Grooming/Kennels	IW5
Animal Hospital/Clinic	IW5
Asphalt Plants	AP and IW or IW5
Automotive Repair	IW5
Boat Manufacturing	AP and IW5
Boat Repair, Maintenance	AP and IW5 and MOP
Body Shops with Painting	AP and IW5
Carpentry Shop	AP and IW5
Chemical Manufacturing	AP and IW or IW5 or IWP
Chemical or Medical laboratory	AP and IW5
Concrete Batch Plants	AP and IW5
Crematories (Human or Animal)	AP
Doctors and Dentist with X-ray Developing	IW5 and One-Time Compliance Report for Dental Dischargers (40 CFR 441.50)
Dry Cleaners	AP (if using perchloroethylene "PERC") and IW5
Food Processing Facilities	AP and GDO or IWP
Funeral Homes with Embalming	AP (if cremations conducted on-site) and IW5
General – businesses that use, handle, store or generate hazardous materials or hazardous waste	IW5
General – businesses inside wellfield protection areas and served by septic tank systems	IW6
General – businesses requiring handling, purchase or sale refrigerants containing ozone-depleting compounds	APCF
General – businesses that use a potable water supply well	PWO
General Construction Contractor	IW5
Industrial Facilities	AP and IW or IW5 or IWP
Industrial/Commercial Laundry	IW or IW5 or IWP
Junkyards	AP and IW5
Machine Shop	AP and IW5
Marinas	AP and MOP
Metal Finisher	AP and IWP
Pharmaceutical Manufacturing	AP and IWP
Photographic Film Processing	IW5
Plastics Manufacturing	AP and IW or IW5 or IWP
Powder Coating	AP and IW5 or IWP
Precious Metals Handling	AP and IW5
Print Shop	AP and IW5
Resource Recovery/Scrap Metal Facilities	AP and SW
Restaurants/Food Service Establishments	GDO
Rock Mining Operations	AP (if crushing activities on-site) and IW5
Silk Screening	AP and IW5
Stone Cutting	IW5
Tire Sales and Related Services	IW5
Transmission Repair Shop	IW5
Transporters of Liquid Wastes and Hazardous Materials	LW

Operating Permit Abbreviation Key:

AP – Air Operating Permit
 APCF – Stratospheric Ozone Protection
 AW – Agricultural Waste

GDO – Grease Discharge
 IW5 – Industrial Facility
 IW6 – Wellfield Protection

IW – Industrial Facility
 IWP- Industrial Waste Pretreatment
 LW – Liquid Waste Transporters

MOP – Marine Facility
 PWO – Potable Water Supply
 SW – Solid Waste