



VILLAGE OF PINECREST

Official Use Only

Categories: _____

Fee: _____

LOCAL BUSINESS TAX APPLICATION

APPLICATION PROCEDURE

The following steps must be taken to establish a business within the Village of Pinecrest:

- Step 1. Before signing a lease or purchasing property in the Village of Pinecrest, verify with the Planning Division of the Building and Planning Division that the proposed business or occupation is permitted at the address intended. The Planning Division will verify that all parking requirements for your proposed business or occupation are met as well.
Step 2. Apply for a Certificate of Use and Occupancy from the Village of Pinecrest.
Step 3. Once you have obtained verification from the Planning Division that your business meets the zoning and parking requirements, you must complete this Local Business Tax Application, which must be signed by the owner of the business and notarized.
Step 4. Submit the completed Application with all necessary attachments (which are indicated by bold italics throughout the Application) to the Planning Division for processing.

PLEASE READ CAREFULLY

For the Village of Pinecrest Building and Planning Division to process your Local Business Tax Application, it is necessary that the Application be complete and include all attachments.

During the processing of your Application, you may be asked to submit additional information. Submission of an Application does not imply consent to operate your business therefore, you shall not conduct any business until a Local Business Tax Receipt is issued. The Village is not responsible for improvements you make to the location prior to the issuance of your Local Business Tax Receipt. Proper permits must be obtained for all alterations, remodeling, and repairs affecting the electrical, plumbing, mechanical systems and/or building structure.

APPLICATION

Instructions: Please print or type to allow for a more accurate processing of your Application.

Name of Business: _____ DBA: _____ Commencement Date: _____

Contact Person: _____ Telephone Number: _____

Additional Contact: _____ Telephone Number: _____

Business Address: _____ Suite No.: _____ Business Telephone: _____ Fax: _____

Email Address: _____

List all Professionals (individuals that require a state license and/or certificate) that will be working at this location. Attach copies of license/certificate with this application.

Table with 2 columns: Name, License # or Certificate #. Rows 1-6.

Please indicate what products will be sold or what services will be rendered: _____

Name of Applicant	Applicant's Business Telephone
Applicant's Mailing Address	Applicant's Home Telephone

If this business is a proprietorship, please provide the name of the proprietor in the space provided below or on an attachment:

If this business is a partnership, please provide the names of the partners in the space provided below or on an attachment:

If this business is a corporation, please provide the names of the officers and their titles in the space provided below or on an attachment:

Please submit the corporate documents showing the Federal Identification Number and/or registration as a Corporation/Fictitious name.

Please provide proof of approved sanitation services.

WILL THIS BUSINESS...

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|---|
| 1. Be a professional association? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Join an existing office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Have door-to-door service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Operate from a home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, provide a completed Home Based Business form. |
| 5. Require state licensing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Require license transfer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, provide original Local Business Tax. |
| 7. Be licensing fee exempt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Serve liquor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 9. Serve food? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 10. Sell tobacco products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 11. Have day or adult care services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 12. Deal with hazardous materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 13. Any work or alterations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, describe the work in the space provided below. |

14. Be A Not-For-Profit Organization? Yes No If Yes, **provide a copy of not-for-profit documentation.**

GENERAL INFORMATION

Instructions: Please write N/A if the question is not applicable to the type of business you are applying for.

- 1. What is the gross floor area of the business facility? _____ square feet
Please provide a copy of your lease agreement to verify square footage, or a floor plan.
- 2. What is the number of parking spaces exclusively for this use? _____ regular spaces
_____ handicap
_____ stroller
- 3. What is the number of employees including owners and management? _____ employees
- 4. What is the number of coin operated machines at location? (i.e. cigarette, soda, washer, etc..) _____ machines
Please provide a completed Application For Coin Operated Machines.
- 5. What is the Suite number? _____ Suite number

AFFIDAVIT

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

_____ being first duly sworn, deposes and says that:
Name of Applicant

He/she is the (Owner, Partner, Officer, Representative or Agent) _____ of
(name of business) _____, and that matters and facts stated in this

Application are true to his/her knowledge, and that he/she as (title) _____ for (name of applicant) _____ is authorized to execute this Application for the purposes of obtaining an Local Business Tax Receipt from the Village of Pinecrest.

_____ Sworn to and subscribed before me this
Signature _____ day of _____.

_____ Notary Public, State of Florida
Print Name and Title _____ My Commission Expires:

_____ Telephone

QUESTIONS

Any questions concerning this Application should be referred to the Building and Planning Division at 12645 Pinecrest Parkway, Pinecrest, Florida 33156. Office Hours are 8:00 a.m. through 4:30 p.m. You may also call (305) 234-2121 or fax your questions to the Planning Division at (305) 234-2131.

CHECKLIST OF ATTACHMENTS

The following is a checklist of attachments which your Application **may need to have** in order to be processed. Please attach the required documentation to the Application.

- Miami-Dade County Local Business Tax Receipt also required
- Certificate of Use/Zoning Inspection
- Fire Inspection Report, Call (786) 331-4831 for an occupancy inspection
- Coin Operated Machine-Application Required
- Proof of additional waste pick-up for **any** type of medical offices
- Proof of approved sanitation services/ additional waste pick-up for an eating or food establishment
- Corporate documents showing the Federal Identification Number and registration as a Corporation/Fictitious name
- Lease Agreement or floor plan for Square Footage figures
- State License, if applicable
- Copy of driver's license (for "Home Offices")
- Sketch of home indicating which room is used as the "Home Office"

FOR OFFICE USE ONLY – DO NOT COMPLETE

Date inspections requested _____

Approved By	Date	Rejected By	Date
Building			
Zoning			
Open/Expired Permits			
DERM 305-372-6789			