Village of Pinecrest
Local Business Tax Receipt Application for
State-Licensed and/or Certified Professionals

Apply in person or mail to:	Office Use Only:
Village of Pinecrest Local Business Tax Section 12645 Pinecrest Parkway 3rd Floor Pinecrest FL 33156	Business Type: _____ Business Subtype: _____ Local Business Tax Fee: _____

Call 305-234-2121 for questions concerning the application
Office hours are Monday – Friday 8:00AM – 4:30PM

The following steps must be taken to obtain a business tax receipt within the Village of Pinecrest:

Step 1. Apply for Miami Dade County Local Business Tax Receipt

Step 2. Complete this application

Step 3. Return all applications to the Village of Pinecrest

For the Village of Pinecrest Building and Planning Department 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.

Professional Information:

Name of professional:_____License or Certificate #: _____

Nature of Profession: _____

Phone number: _____

E-mail address:_____

Address where tax receipt should be mailed to: _____

Start Date: _____

Company of Employment:_____DBA:_____

Location of Business:_____

Business Phone #:_____E-mail address: _____

Affidavit of Business Owner or Authorized Representative:

Name of Business Owner or Authorized Representative:_____

Title:_____

Business Owners or Authorized Representative Signature:_____

Contact information: phone #_____Address:_____

Driver's License # including State:_____

State of Florida)

County of Miami Dade)

Subscribed and sworn to (or affirmed) before me on this day of_____, 20_____,

by_____proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature_____ Seal:

General Checklist (**required for all businesses**):

- ❑ Miami Dade County Business Tax Receipt - https://mdctaxcollector.gov/services/local-business-tax-receipt
- ❑ State Licenses and/or certifications (if applicable)
- ❑ Payment

Agency Contact Information

Florida Agency for Health Care Administration
https://ahca.myflorida.com/
305-499-2165

Florida Department of Agriculture and Consumer Services
http://www.fdacs.gov/
1-800-435-7352

Florida Department of Business and Professional Regulations
http://www.myfloridalicense.com/DBPR/
866-693-6748

Florida Department of Children and Families
https://myflfamilies.com/
305-377-5494 or 305-377-5509

Florida Department of Health
https://floridahealth.gov/
866-693-6748

Florida Department of State – Division of Corporations
https://dos.fl.gov

Florida Division of Funeral, Cemetery and Consumer Services
https://myfloridacfo.com/division/funeralcemetery/board/
866-693-6748

Florida Division of Hotels and Restaurants
https://www.myfloridalicense.com/DBPR/hotels-restaurants/
850-487-1395

Florida Office of Financial Regulations
https://www.flofr.com/
305-377-5231

Florida Restaurant and Lodging Association
https://frla.org/

Florida Department of State
https://dos.myflorida.com/
305-377-5950

Miami Dade County Board of County Commissioners
https://miamidade.gov/global/government/commission/home.page
305-468-5900

Miami Dade County Fire Inspection
https://www.miamidade.gov/fire/fire_protection_request_form.asp
786-331-500