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.

Name: License # or Certificate #

1. __________________________________________________ ______________________________

2. __________________________________________________ ______________________________

3. __________________________________________________ ______________________________

4. __________________________________________________ ______________________________

5. __________________________________________________ ______________________________

6. __________________________________________________ ______________________________

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

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

Revised 3/2020
<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Applicant’s Business Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Mailing Address</td>
<td>Applicant’s Home Telephone</td>
</tr>
</tbody>
</table>

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?  ❑ Yes  ❑ No
2. Join an existing office?  ❑ Yes  ❑ No
3. Have door-to-door service?  ❑ Yes  ❑ No
4. Operate from a home?  ❑ Yes  ❑ No  If Yes, provide a completed Home Based Business form.
5. Require state licensing?  ❑ Yes  ❑ No
6. Require license transfer?  ❑ Yes  ❑ No  If Yes, provide original Local Business Tax.
7. Be licensing fee exempt?  ❑ Yes  ❑ No
8. Serve liquor?  ❑ Yes  ❑ No
9. Serve food?  ❑ Yes  ❑ No
10. Sell tobacco products?  ❑ Yes  ❑ No
11. Have day or adult care services?  ❑ Yes  ❑ No
12. Deal with hazardous materials?  ❑ Yes  ❑ No
13. Any work or alterations?  ❑ Yes  ❑ 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 a Local Business Tax Receipt from the Village of Pinecrest.

_____________________________________________________ Sworn to and subscribed before me this

Signature

____________________ day of ____________________________.

Print Name and Title

Notary Public, State of Florida

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.
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

<table>
<thead>
<tr>
<th>Approved By</th>
<th>Date</th>
<th>Rejected By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open/Expired Permits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>305-372-6789</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>