



LOCAL BUSINESS TAX APPLICATION

Official Use Only

Categories: _____

Fee: _____

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 Department 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 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.

APPLICATION

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

Name of Business: _____ Commencement Date: _____

DBA: _____ Contact Person: _____

Additional Contact: _____ Telephone Number: _____

Business Address: _____ Business Telephone: _____

_____ Unit No.: _____ Business Fax: _____

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

LOCAL BUSINESS TAX APPLICATION

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? 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, drier, etc..) _____ machines
Please provide a completed Application For Coin Operated Machines.
- 5. What is the number of units? _____ units

AFFIDAVIT

State of _____)
County of _____) ss.

_____ 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.

Signature

Sworn to and subscribed before me this _____ 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 Department 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) 234-2133.

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) 331-4800 for an inspection.
- Coin Operated Machine Application.
- 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.

FOR OFFICE USE ONLY – DO NOT COMPLETE

Date inspections requested _____

	Approved By	Date	Rejected By	Date
Building				
Zoning				
Open/Expired Permits				
DERM 786-315-2809				