



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

Telephone: 305 861-4863  
Facsimile: 305 861-1302  
www.townofsurfsidefl.gov

### LOCAL BUSINESS TAX RECEIPT APPLICATION

License Year : October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_

- New*                       *Renew*                       *Other:(detail)* \_\_\_\_\_  
 *Owner Transfer*               *Location Transfer – From:* \_\_\_\_\_ *To* \_\_\_\_\_

**To expedite your application, all sections of this application must be filled out completely.**

Date of Application: \_\_\_\_\_ Applicant's Name/Address \_\_\_\_\_

Applicant's Relationship to Business: \_\_\_\_\_

Business Name: \_\_\_\_\_ DBA \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite # \_\_\_\_\_ Sq Ft. \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Date of Commencement of Business: \_\_\_\_\_

Federal Employer Identification #: \_\_\_\_\_

State and/or Federal License: # \_\_\_\_\_, # \_\_\_\_\_ (Please submit copies)

**Is the Business:**       **An Individual**       **Partnership**       **Corporation**

Please list all Owners, Partners, Managers or Officers below as applies to your business:

Name	Title	Address	Phone#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INFORMATION FOR DETERMINATION OF LOCAL BUSINESS TAX RECEIPT:**

Business Description (please describe type of business, profession or occupation in detail):

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\_\_\_ **Agent/Agency**  
**(Real Estate, Insurance, Talent, Travel, Etc)**  
 # Agents \_\_\_  
 # Brokers \_\_\_  
 # Salespersons \_\_\_  
 # Adjusters \_\_\_  
 # Other \_\_\_

Master Laundry license # \_\_\_\_\_  
 # Laundry Equipment \_\_\_  
 # Laundry Dispensing Equipment \_\_\_  
 # Other (description) \_\_\_\_\_

\_\_\_ **Card/Coin Operated telephone**  
 # Inside \_\_\_ # Outside \_\_\_

\_\_\_ **Physician\*\*\***  
**(Dentists or Doctors)**  
 # Physicians \_\_\_  
 # Nurses \_\_\_  
 # Other \_\_\_

\_\_\_ **Amusement Machines**  
 # Machines \_\_\_

\_\_\_ **Merchandise Dispensing Machines**  
 #Machines \_\_\_

\_\_\_ **Salon/Spa**  
 # Stylists \_\_\_  
 # Estheticians \_\_\_  
 #Manicurists \_\_\_  
 #Therapists \_\_\_  
 # Other \_\_\_

\_\_\_ **Restaurant, Soda Fountain, Deli \*\***  
**or Establishment Serving Food on premises**  
 # Seats \_\_\_ # Employees \_\_\_  
 \*\*Beer or Wine for Consumption (yes) \_\_\_ (no) \_\_\_  
 On Premises \_\_\_ Off premises \_\_\_

\_\_\_ **Financial Institution**  
 # Teller Machines \_\_\_  
 #Employees \_\_\_  
 # Other \_\_\_

\_\_\_ **Take out Food \*\***  
**Operated Separately \_\_\_**  
**Operated with other License \_\_\_**

\_\_\_ **Stock Broker\*\*\***  
 Full Service Office Discount \_\_\_  
 # Brokers \_\_\_ # Salespersons \_\_\_  
 # Other \_\_\_

\_\_\_ **Apartment/Short Term Rental\***  
 # Units \_\_\_ \*\* # Rooms \_\_\_ \*\*  
**Hotel or Suite Hotel\***  
 # Units \_\_\_ \*\* # Rooms \_\_\_ \*\*

\_\_\_ **Jewelry** Value of Inventory \_\_\_  
 \_\_\_ **Food** Value of Inventory \_\_\_  
 \_\_\_ **Retail** Value of Inventory \_\_\_  
 \_\_\_ **Coin Operated Machines**

\_\_\_ **Home Office**  
 Type \_\_\_\_\_  
 # Employees \_\_\_

*\*Smoke Detector Report required, \*\*Resort Tax Filing Required, \*\*\*Please Submit Copies of License with Application*

Businesses, Professions or Occupations not specifically listed above, must be described in detail. Include the nature of the business to be conducted in the town for proper classification and assessment of fees:

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As provided by the Town Code, the undersigned has carefully reviewed this application and all information contained herein has been freely and voluntarily provided. Additionally, all facts, figures and statements contained in this application are true and correct.

Print Name	Title	Signature	Date
_____	_____	_____	_____

**OFFICE USE ONLY**

**License Classification(s)** \_\_\_\_\_

**Comments** \_\_\_\_\_

**Total Fees: \$** \_\_\_\_\_

**Town Manger Signature**

**Date**