



TOWN OF SURFSIDE

Important Notice

Dear Business Operator:

A Local Business Tax Receipt is required to conduct any business, profession or occupation within the Town of Surfside. Please see the enclosed Certificate of Use & Local Business Tax Receipt Application which must be filed before September 30, 2015. We would like to make you aware that if payment is not received before the above mentioned deadline, the following penalty schedule will apply:

- Any payment received after October 1, 2015 will be assessed a 10% penalty.
- Any payment received after the 1st day of each additional month or partial month thereafter, will be assessed a 5% penalty.
- Additional penalties and fees may be applied if payment is not received after 150 days from the date of this notice.

As a prerequisite to filing for a Local Business Tax Receipt and to avoid penalties for late application, please understand that you must first apply for and obtain a Certificate of Use from the Town of Surfside.

For additional information or assistance, please contact:

Front Office Customer Service Representatives at 305-861-4863, Monday thru Friday

Town Hall Hours
(9:00 am to 5:00 pm)

Thank you,

Customer Service Representative



In order to expedite the process of your Certificate of Use, Local Business Tax Receipt, and Resort Tax Applications, please submit the following documentation where applicable. ALL applications must be received by September 30th and are renewed annually.

What you will need:

- Certificate of Use Application
 - Actual Certificate fee of \$90 (only on new certificates)
 - Renewal fee of \$45
- Local Business Tax Receipt Application
 - \$25 Application Fee
 - **License fee to be determined after processing**
- Copy of State of Florida Professional Business License
www.myflorida.com/dbpr
- Copy of Miami Dade County Local Business Tax Receipt
www.miamidade.gov/taxcollector
- Copy Corporation/Limited Liability Company/ Partnership Documents
www.sunbiz.org
- Copy of Fictitious Name Registration
1-850-245-6058
- **Copy of Miami-Dade Fire Rescue Dept. Annual Operating Permit
786-331-4800**
- Copy of Grease Discharge annual Operating Permit
www.miamidade.gov/derm
- Copy of State of Florida Alcoholic Beverages & Tobacco License
www.myfloridalicense.com
- Copy of State of Florida Hotel & Restaurant License
www.myfloridalicense.com
- Copy of Annual Food permit
1-850-245-5520
- Plan of the property with Square Footage and Dimensions

ALL Business' located in the Town of Surfside require a Certificate of Use and Local Business Tax Receipt.

Please only submit applications and documents that are applicable to your Business.

Please be advised that all documents need to be submitted annually with renewal applications.

Applications will not be accepted if **INCOMPLETE**.

Payments will be accepted in the form of CASH, CHECK OR CREDIT CARD.

Failure to comply with Certificate of Use, Local Business Tax, and Resort Tax Ordinances will result in Fines, Penalties, and Revocation of Licenses.



CERTIFICATE OF USE & LOCAL BUSINESS TAX RECEIPT APPLICATION

LICENSE YEAR OCTOBER 1, 2015 to SEPTEMBER 30, 2016

NEW BUSINESS RENEWAL CHANGE OF USE BUSINESS CHANGES

Applicant Name: _____ Position: _____

Applicant Address: _____

Name of Business: _____ Doing Business As: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Other Number: _____

Business E-Mail Address: _____

Business Owner Name: _____ Date of Business Commencement: __/__/__

Business Owner Address: _____ City: _____ State: _____ Zip: _____

Federal Employer Identification Number: _____ State &/or Federal License Numbers: _____ & _____

Type of business: _____ Commercial Residential

Name of Corporation/ Partnership: _____ State of Incorporation: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Emergency Contact Address: _____ City: _____ State: _____ Zip: _____

Is this an Entity required to pay Resort Tax? (HOTEL/APARTMENT/RESTAURANT): Yes No

Rooms Food & Beverage Short Term Rentals

Is this an Entity requesting a sidewalk café? Yes No Square Footage: _____

_____ # of seats on public sidewalk

Hours of operation: _____ Number of employees: _____

FOR OFFICIAL USE ONLY

Payment type: Cash Check Credit Card

Total Amount: _____

Certificate of Use: \$90 new application \$45 renew application

Application Fee: \$25

Licenses Fees: _____

Penalties (10% of licenses fees each month after November 1st): _____

TYPE OF BUSINESS: _____

Please check all that applies to your business.

AMUSEMENT MACHINES

___ # of machines

- As primary business
- Ancillary business

ANTIQUES SHOP

- Retail/Merchant

APARTMENTS BUILDING (COMMERCIAL)

___ # of rooms

- Coin/car operating machine master laundry license ___ # of washers & dryers
- Dispensing machines
 - ___ # machines inside building
 - ___ # machines outside building

APARTMENTS BUILDING (SHORT TERM)

___ # of rooms

- Resort tax Annual Fee
- Coin/car operating machine master laundry license ___ # of washers & dryers
- Dispensing machines
 - ___ # machines inside building
 - ___ # machines outside building

APPAREL SHOP

- Retail/Merchant

AUTO MECHANIC REPAIRS OR SERVICE SHOP

- ___ # of Professional license*

BARBER SHOP

- ___ # of Professional license*

BEAUTY SALON

- ___ # of professional licenses*
- Retail/Merchant

CLUB**

CONTRACTORS

- General building
- Sub general contractor
- Sub building contractor

DISPENSING MACHINES

- ___ # of machines inside building
- ___ # of machines outside building

FINANCIAL INSTITUTIONS

- Banks & trust companies
- Saving & loan associations
- Money lenders excepts banks
- Mortgage loan company
- Personal finance company
- Coin/card operated machines ___ # of Automatic teller machines

HOTELS/MOTELS ___ # of rooms

- Resort tax Annual Fee
- Coin/card operated machine master laundry license ___ # of washer & dryers
- Dispensing machines
 - ___ # machines inside building
 - ___ # machines outside building
- ___ # of cabanas

INCOME TAX OFFICE

- ___ # of prepares

INSURANCE COMPANY OR AGENCY OFFICE

- ___ # of brokers
- ___ # of insurance agents
- ___ # of insurance adjusters

JELWELRY

- ___ # of brokers
- Jewelers inventory _____
- Retail/Merchant

LAUNDROMAT

- ___ # of dryers & washers

LIQUOR STORE

- Beer & wine (Consumption OFF premises)

MEDICAL PROFESSIONAL OFFICE

- ___ # of dentists
- ___ # of doctors, physicians
- ___ # of professional licenses*

PHARMACY

- ___ # of professional licenses*
- Health products store
- Retail/Merchant

PROFFESIONAL OFFICES

(ASSOCIATION/CORP/ATTORNEY FIRM

REAL ESTATE BROKERAGE OFFICES

- ___ # of brokers
- ___ # of agents

RESTAURANT

- Resort tax Annual Fee
- ___ # of seats
- Bar (Liquor license)
- Beer & wine (Consumption ON premises)
- Catering service
- Take-out food service

RESTAURANT TAKE OUT ONLY

- Resort tax Annual Fee

RETAIL/MERCHANT

SERVICE AGENCY***

- ___ # of employees

STOCKBROKERS &/OR SECURITY

COMPANY/ AGENCY

- Full service office
 - ___ # of brokers/sales person connected therewith
- Discount Office
 - ___ # of brokers/sales person connected therewith.

SUPERMARKET/ MINIMARKET/ MARKET

- Bakery goods
- Fish market
- Food sales retail inventory _____
- Fruits & vegetables
- Health product store
- Meat markets
- Retail/Merchant
- Beer & wine (Consumption OFF premises)

€ **OTHER** _____

***Professional license:** Acupuncturist, CNA, Chiropractic, Dental assistant, Licensed Marriage & family therapist, Licensed mental health counselor, LPN, Massage therapist, OT, OTA, Optician, Pharmacist, PT, PTA, Psychologist, RN, cosmetologist, manicurist, pedicurist, etc.

****Club:** Organization of persons associated together for a common purpose, including social clubs, incorporated or chartered by the state, which sell, dispense, or permit to be sold or dispensed any alcoholic beverage to members, guest or visitors.

*****Service Agency:** dry cleaning, interior decorators, alteration shop, fashion designer, etc.

THE UNDERSIGNED HAS CAREFULLY REVIEWED THIS APPLICATION AND ALL INFORMATION CONTAINED HEREIN HAS BEEN FREELY AND VOLUNTARILY PROVIDED. ALL FACTS, FIGURE, STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name & Title

Date

Signature



TOWN of SURFSIDE
9293 Harding Avenue
Surfside, Florida 33154

AFFIDAVIT OF HOME BASED BUSINESS

Home Based Business Address: _____

Business Type: _____

Before me, the undersigned authority, _____ personally appeared,
Owner Name
who after being duly sworn, deposes and says: I have not altered or remodeled my home to
accommodate my business within the past year.

Owner Signature

State of Florida
County of Miami – Dade

Sworn to and subscribed before me this date of ___/___/20___ by _____
who is personally known to me or who has produced _____ as
identification.

Notary Public, State of Florida

Notary Name: Typed, Stamped or Printed
My commission expires: ___/___/___



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

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

Guillermo Olmedillo
Town Manager

Town of Surfside Annual Smoke Detector Report

Form to be completed by building owner/building manager or building managing company. Form must be signed and dated below.

Building Address: _____

Building Name: _____

Contact Name: _____ **Telephone No.** _____

Type of smoke alarm (check one) _____ A.C. Wired or _____ Battery Operated
(Note: if the smoke alarm is AC hardwired with Battery Back, check both.)

Individual dwelling unit numbers or other identification (i.e.: Apartment #1, Room 202, etc.)

Apartment/Unit #	Apartment/Unit #	Apartment/Unit #	Apartment/Unit #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Tested: ___/___/___

Date Batteries Changed: ___/___/___

Building Owner / Manager Signature: _____

Printed Name of Building Owner / Manager: _____

(If applicable please complete the information below)

Managing Company Name: _____

Managing Company Address: _____

Managing Company Telephone No. _____



Annual Resort Tax Application

Ordinance # 11-1574

As a prerequisite to filing for a Resort Tax Certificate, you must first obtain a Certificate of Use and a Local Business Tax Receipt from the Town of Surfside.

All businesses required to pay resort tax shall first register and obtain the Resort Tax Registration Certificate to be renewed annually. Please complete this Resort Tax Application and submit along with the annual \$100 registration fee made payable to the Town of Surfside. Once you have submitted this application, you will receive the Resort Tax Reports which are required to be filed monthly along with your State Revenue sales tax report as back up.

Certificate of Use Number: _____ Local Business Tax Receipt Number: _____

Type of Business _____

- Existing Business
 New Business Date of Commencement of Business: ___/___/___

Type of Resort Tax Collected (Check All that Apply)

- Rooms
 Food and Beverage
 Short Term Rental

Date of Application: ___/___/___ Resort Tax Certificate Number: _____

Business Name: _____ Doing Business As: _____

Business Address: _____ City: _____ State: ___ Zip: _____

Business Phone Number: _____ Other Number: _____

Business E-Mail Address: _____ Type of Business: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Owner/ Operator Name: _____ E-Mail: _____

Owner/ Operator Signature _____



SIDEWALK CAFÉ INSTRUCTIONS

*****A PEDESTRIAN PATHWAY (ADA ACCESS) ON THE SIDEWALK MUST BE MAINTAINED AT ALL TIMES*****

Step 1.

Set a meeting with the Town's Building Department to apply and obtain the necessary site plan:

The Town's Code of Ordinances*, Ord, No. 1587, § 2, 5-8-12, section 18-89, requires as a prerequisite to filing for a Sidewalk Café Permit, "a site plan drafted by the town building official or designee that shall accurately depict the layout and dimensions of the existing sidewalk area and adjacent private property; proposed location, size and number of tables, chairs, umbrellas, and any other sidewalk café furniture; and locations of doorways, steps, trees and/or landscaped areas, fountains, parking meters, fire hydrants, bus shelters, directory/kiosks, public benches, trash receptacles, and any other existing public fixtures, furnishings and/or other construction(s), within the proposed sidewalk café area."

Note: Any changes to the site plan will require the filing of a new site plan and there will be an additional associated fee.

*You can access the Ordinance at the following website:

<http://library.municode.com/index.aspx?clientID=10940&stateID=9&statename=Florida>

or you can request a copy from one of the Town's Customer Service Representative.

Step 2.

The following are required to be on file with the Town or must be submitted with this application:

Copy of last Certificate of Use and Local Business Tax Receipt

Copies of current Certificates of Insurance (in the amounts and categories required by Section 18-93 of the Code of Ordinances)

A notarized letter from the property owner authorizing a sidewalk café

Photographs, drawings or manufacturer's brochures fully describing the appearance and dimensions of all proposed tables, chairs, umbrellas, and any other sidewalk café furniture related to the operation of the sidewalk café – outside furniture is only permitted during hours of operation

Town issued Sidewalk Café Site Plan (produced after receipt of application)



SIDEWALK CAFÉ APPLICATION

LICENCE YEAR OCTOBER 1, _____ to SEPTEMBER 30, _____

Applicant Name: _____ Position: _____

Applicant Address: _____

Applicant Phone Number: _____ Applicant e-mail Address: _____

Name of Business: _____ D/B/A: _____

Business Address: _____ Suite: _____ Surfside, FL 33154

Business Phone Number: _____ Other Number: _____

Business E-Mail Address: _____

Business Owner Name: _____

Business Owner Address: _____ City: _____ State: _____ Zip: _____

of tables requested on sidewalk (R-O-W): _____ # of chairs requested on sidewalk (R-O-W): _____

FOR OFFICE USE ONLY

Applicant has met the Public Works Department requirements. Yes No

Applicant has no outstanding fines, monies, fees, taxes (including Resort tax) and meet the Certificate of Insurance requirement or other charges. Yes No

Applicant has met the Planning Department requirements. Yes No

Applicant has no open Code violations and lien(s) on the property. Yes No

Applicant has no open Building permit(s). Yes No

Comments:

Building Official Signature: _____ Date: _____

Approved to Issue _____