

The Town of Surfside would like to facilitate the process of the Annual Renewal for the Certificate of Use, Local Business Tax Receipt, Resort Tax Applications, Home Based Business, and Short -Term Rentals, please submit the following documentation. ALL applications must be received by **September 30th**. Please bring in all of the required documentation to avoid delays. Penalties will be added if application is received after September 30.

- Certificate of Use Application
New Certificate fee of \$90.00 Renewal fee of \$45.00
- Local Business Tax Receipt Application
Application Registration Fee \$25.00
- Resort Tax Registration (If Applicable) \$100.00
- 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 submit all applications along with the above required 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** or any of the above requirements are not turned in.

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

Failure to comply with Certificate of Use, Local Business Tax Receipts, Resort Tax, Short Term Rentals and Home Based Business Ordinances, will result in Fines, Penalties, and Revocation of Licenses.

FOR TOWN HALL OFFICIAL COMPLETION

INITIALS OF CLERK

Payment type: _____ Cash _____ Check _____ Credit Card **Total Amount:** _____

Certificate of Use: New Registration \$ _____ Renewal Registration \$ _____ LBTR Registration Fee: \$ _____ Resort Tax
Application Registration \$ _____ Short Term Rental Registration \$ _____

Current Renewal Local Business Tax Receipts Fees: \$ _____ Penalties (10% of licenses fees each month after
October 1st): _____ Date Received at Town Hall _____



CERTIFICATE OF USE & LOCAL BUSINESS TAX RECEIPT APPLICATION

LICENSE YEAR OCTOBER 1, 20__ to SEPTEMBER 30, 20__

___ 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 ___ (Monthly filing & payment of Resort Tax is due by end of each month for prior month along with Sales & Use Tax report paid to State)

___ Room/Board ___ Food & Beverage ___ Short Term Rentals ___

If Business is a Restaurant, will there be a request for SIDE WALK CAFE? Yes ___ No ___

of seats on public sidewalk _____ Square Footage: _____

Hours of operation: _____ Number of employees: _____

Is this a HOME BASED BUSINESS? Yes ___ No ___ (Affidavit to be completed)

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

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

___ Hotel/Motel License
 ___ # 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

RESTAURANT TAKE OUT ONLY

- Resort tax Annual Fee

SERVICE AGENCY***

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)
_____ # of Employees

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