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

<table>
<thead>
<tr>
<th>Payment type:</th>
<th>Cash</th>
<th>Check</th>
<th>Credit Card</th>
<th>Total Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Use: New Registration</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewal Registration</td>
<td>$</td>
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<tr>
<td>LBTR Registration Fee:</td>
<td>$</td>
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<tr>
<td>Resort Tax Application Registration</td>
<td>$</td>
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<tr>
<td>Short Term Rental Registration</td>
<td>$</td>
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</tr>
<tr>
<td>Current Renewal Local Business Tax Receipts Fees:</td>
<td>$</td>
<td></td>
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</tr>
<tr>
<td>Penalties (10% of licenses fees each month after October 1st):</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Received at Town Hall</td>
<td></td>
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</tbody>
</table>

INITIALS OF CLERK
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
    - o As primary business
    - o Ancillary business

- **ANTIQUES SHOP**
  - o Retail/Merchant

- **APARTMENTS BUILDING (COMMERCIAL)** ___# of rooms
  - o Coin/car operating machine master laundry license ___ # of washers & dryers
  - o Dispensing machines
    - • ___ # machines inside building
    - • ___ # machines outside building

- **APARTMENTS BUILDING (SHORT TERM)** ___# of rooms
  - o Resort tax Annual Fee
  - o Coin/car operating machine master laundry license ___ # of washers & dryers
  - o Dispensing machines
    - • ___ # machines inside building
    - • ___ # machines outside building

- **APPAREL SHOP**
  - o Retail/Merchant

- **AUTO MECHANIC REPAIRS OR SERVICE SHOP**
  - o ___ # of Professional license*

- **BARBER SHOP**
  - o ___ # of Professional license*

- **BEAUTY SALON**
  - o ___ # of professional licenses*
  - o Retail/Merchant

- **CONTRACTORS**
  - o General building
  - o Sub general contractor
  - o Sub building contractor

- **DISPENSING MACHINES**
  - o ___ # of machines inside building
  - o ___ # of machines outside building

- **FINANCIAL INSTITUTIONS**
  - o Banks & trust companies
  - o Saving & loan associations
  - o 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

**JEWELRY**
- ___ # 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

**PROFESSIONAL OFFICES (ASSOCIATION/CORP/ATTORNEY FIRM)**

**REAL ESTATE BROKERAGE OFFICES**
- ___ # of brokers
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 of 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.