

## Instruction Form for Business Tax Receipt (BTR) Renewal - Fiscal Year 2026-2027

Dear Surfside Business Owners,

The renewal process for your BTR permit for the upcoming fiscal year is now open. We highly recommend completing this process well in advance.

### **Renewal Process:**

1. **Download and complete the following forms:**

- **2026-2027 RENEWAL PACKAGE CU LBTR RESORT TAX.**
- **Beach Furniture Application and Hold Harmless Form.**
- **Sidewalk Café Permit Application**
- If you wish to pay by credit card, fill out the form: **CREDIT CARD AUTHORIZATION FORM PDF.**

2. **Submit your documents for review:** Send your completed forms via email to [businesslicenses@townofsurfsidefl.gov](mailto:businesslicenses@townofsurfsidefl.gov).

- *Please use the following format for your email subject line: **BTR FY-2027 - [Your Business Name] - [Your Business Address]**.*

3. **Review and Invoice Emission:** Once the department reviews your documents and verifies that everything is correct, the corresponding invoice will be issued so you can proceed with payment.

4. **Accepted Payment Methods:**

- **Credit Card:** Authorize the charge using the submitted form.
- **Check :** Pay in person at the Town Hall offices after receiving your invoice.

5. **Deadline:** The entire renewal and payment process must be completed no later than **September 30, 2026**, to avoid late fees.

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 beginning August 21st. All applications must be received by **September 30<sup>th</sup>**. Please provide application and required documentation via email “ [businesslicenses@townofsurfsidefl.gov](mailto:businesslicenses@townofsurfsidefl.gov)” or present them physically at Town Hall offices. Penalties will be added if application is received after October 1<sup>st</sup>.

- **Copy of State of Florida Professional Business License (IF APPLICABLE)**  
[www.myflorida.com/dbpr](http://www.myflorida.com/dbpr)
- **Copy of Miami Dade County Local Business Tax Receipt (ALL BUSINESSES)**  
[www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)
- **Copy Corporation/Limited Liability Company/ Partnership Documents (ALL BUSINESSES)**  
[www.sunbiz.org](http://www.sunbiz.org)
- **Copy of Fictitious Name Registration (ALL BUSINESSES)**  
1-850-245-6058
- **Copy of Miami-Dade Fire Rescue Dept. Annual Operating Permit (ALL BUSINESSES)**  
[www.miamidade.gov/fire](http://www.miamidade.gov/fire) 786-331-4800
- **Copy of Grease Discharge annual Operating Permit (RESTAURANT)**  
[www.miamidade.gov/derm](http://www.miamidade.gov/derm)
- **Copy of State of Florida Alcoholic Beverages & Tobacco License (RESTAURANT/HOTEL)**  
[www.myfloridalicense.com](http://www.myfloridalicense.com)
- **Copy of State of Florida Hotel & Restaurant License (RESTAURANT/HOTEL)**  
[www.myfloridalicense.com](http://www.myfloridalicense.com)
- **Copy of Annual Food permit (RESTAURANTS/HOTEL)**  
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**

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Received by: \_\_\_\_\_

Date Received at Town Hall \_\_\_\_\_



# CERTIFICATE OF USE & LOCAL BUSINESS TAX RECEIPT APPLICATION

LICENSE YEAR OCTOBER 1, 2026 to SEPTEMBER 30, 2027

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**MUST ATTACH ALL DOCUMENTATIONS THAT ARE REQUIRED FOR YOUR BUSINESS**

\_\_\_\_\_ NEW BUSINESS \_\_\_\_\_ RENEWAL \_\_\_\_\_ CHANGE OF USE \_\_\_\_\_ BUSINESS CHANGES

Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing 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: \_\_\_\_\_

Days of Business: \_\_\_\_\_ Hours of Business \_\_\_\_\_

Number of Employees \_\_\_\_\_

**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)

**4% for Room/Board**

**2% for Food & Beverage**

**4% for Short Term Rentals**

**\$100 Resort Registration**

**If Business is a Short-Term Rental a registration is required for each rental period for which the single-family, two-family, multi-family, and/or townhouse dwelling unit is rented. This includes any portion of the dwelling unit or the entire dwelling unit. No more than three (3) registrations shall be issued within a 12-month period.**

**If Business is a Restaurant, will there be a request for SIDE WALK CAFE? Yes \_\_\_ No \_\_\_ (Please complete Sidewalk**

**Application) # Of seats on public sidewalk \_\_\_\_\_ Square Footage: \_\_\_\_\_**

**Hours of operation: \_\_\_\_\_ Number of employees: \_\_\_\_\_**

**Is this a HOME-BASED BUSINESS? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please complete Affidavit)**

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***Please check all that applies to your business.***

**AGENT/BUREAU/BROKER/SALESMAN/  
CONSULTANT**

- \_\_\_ # of employees

**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
- Coin/card operated machines \_\_\_ # of Automatic teller machines

**APPAREL / BOUTIQUE SHOP**

- Retail/Merchant

**AUTO MECHANIC REPAIRS OR SERVICE SHOP**

- \_\_\_ # of Professional license\*

**BAKERY GOODS**

- \_\_\_ # of employees

**BARBER SHOP**

- \_\_\_ # of Professional license\*

**BEAUTY PARLOR/SPA**

- \_\_\_ # 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

**HEALTH PRODUCT STORE**

- \_\_\_ # of employees

- HOTELS/MOTELS**
  - \_\_\_ Hotel/Motel License
  - \_\_\_ Beach Chairs permit
  - \_\_\_ # of Rooms
  - Spa/Massage
  - \_\_\_ # of Bars
  - \_\_\_ # of Coffee Shop
  - 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
- LAWN MAINTENANCE**
  - \_\_\_ # of employees
- LAUNDROMAT**
  - \_\_\_ # of dryers & washers
- LIQUOR STORE/ALCHOLIC VENDOR**
  - Beer & wine (Consumption OFF premises)
- MEDICAL PROFFESIONAL OFFICE**
  - \_\_\_ # of dentists
  - \_\_\_ # of doctors, physicians
  - \_\_\_ # of professional licenses\*
- MERCHANT/RETAIL**
  - \_\_\_ # of employees
- NIGHTCLUB OR SUPPERCLUBS**
  - \_\_\_ # of employees
- PHARMACY**
  - \_\_\_ # of professional licenses\*
  - Health products store
  - Retail/Merchant
- POST OFFICE**
  - \_\_\_\_\_ #of employees
  - \_\_\_\_\_ # of postage stamp machine
- PROFFESIONAL OFFICES (ASSOCIATION/CORP/ATTORNEY FIRM)**
  - \_\_\_ # of professional licenses\*
- REAL ESTATE BROKERAGE OFFICES**
  - \_\_\_ # of brokers
  - \_\_\_ # of agents
- RESTAURANT**
  - \_\_\_ # of employees
  - \_\_\_ # of seats/chairs
  - Bar (Liquor License)
  - Beer and Wine (Consumption on Premises)
  - Catering Service
  - Take Out Service
- RESTAURANT TAKE OUT ONLY**
  - \_\_\_ # of employees
- SCHOOL/RELIGIOUS (PLACE OF WORSHIP)**
  - \_\_\_ # of employees
- SERVICE AGENCY**
  - \_\_\_ # of employees
- STORAGE FACILITY**
  - \_\_\_ # of employees

**STOCKBROKERS &/OR SECURITY**

**COMPANY/ AGENCY**

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

**VALET PARKING/TAXI CAB LICENSE**

- \_\_\_ # of employees
- \_\_\_\_# of vehicles

**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)

**(1) OTHER TYPE OF BUSINESS NOT DESCRIBED ABOVE:**

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**\*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

*PLEASE MAKE SURE YOU SIGN & DATE*