

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 29th. 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 October 1st.

- **Copy of State of Florida Professional Business License (IF APPLICABLE)**
www.myflorida.com/dbpr
- **Copy of Miami Dade County Local Business Tax Receipt (ALL BUSINESSES)**
www.miamidade.gov/taxcollector
- **Copy Corporation/Limited Liability Company/ Partnership Documents (ALL BUSINESSES)**
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 786-331-4800
- **Copy of Grease Discharge annual Operating Permit (RESTAURANT)**
www.miamidade.gov/derm
- **Copy of State of Florida Alcoholic Beverages & Tobacco License (RESTAURANT/HOTEL)**
www.myfloridalicense.com
- **Copy of State of Florida Hotel & Restaurant License (RESTAURANT/HOTEL)**
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

Received by: _____

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: _____

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)

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

- o ___ # of employees

STOCKBROKERS &/OR SECURITY

COMPANY/ AGENCY

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

VALET PARKING/TAXI CAB LICENSE

- o ___ # of employees
- o ___ # 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:

***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