



Office of the Town Manager

MUNICIPAL BUILDING
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Michael P. Crotty
Town Manager

In order to expedite the process of your Certificate of Use, Local Business Tax Receipt and Annual Resort Tax, please **COMPLETE THIS APPLICATION AND PROVIDE THE RESPECTIVE DOCUMENTATION**. ALL applications must be received by September 30th and are renewed annually.

What you will need including your Certificate of Use and Local Business Tax Receipt application are:

- 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
- Copy of The Lease Agreement
- 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, _____ to SEPTEMBER 30, _____

_____ NEW BUSINESS _____ RENEWAL _____ CHANGE OF USE _____ BUSINESS CHANGES

Applicant Name: _____ Position: _____

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

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

Business Address: _____ Suite: _____ Surfside, FL 33154

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

Business Phone Number: _____ Other Number: _____

Business E-Mail Address: _____

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

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

Type of business: _____

Is this a Home Base Business? Yes _____ No _____ *(If yes, please complete an Affidavit on page 5)*

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

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

Is this an Entity required to pay Resort Tax? (HOTEL/APARTMENT/SHORT-TERM RENTAL/RESTAURANT): Yes _____ No _____

_____ Rooms _____ Food & Beverage *(If yes, please complete the Annual Resort Tax Application on page 7)*

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

_____ # of seats on public sidewalk

Business Days & 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% on 1st month after October 1st, 5% of the follow months)*: \$ _____

**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
 - 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
 - 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, veterinarians
 - ___ # of professional licenses*

 - PHARMACY**
 - ___ # of professional licenses*
 - Health products store
 - Retail/Merchant
 - PROFESSIONAL OFFICES
(ASSOCIATION/CORP/ATTORNEY FIRM)**
 - REAL ESTATE BROKERAGE OFFICES**
 - ___ # of brokers
 - ___ # of agents
 - RESTAURANT**
 - ___ # of seats
 - Bar (Liquor license)
 - Beer & wine (Consumption ON premises)
 - Catering service
 - Take-out food service

 - OTHER DESCRIPTION**
-

***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



AFFIDAVIT OF HOME BASED BUSINESS

Home Based Business Name: _____

Home Based Business Address: _____

Business Type: _____

Before me, the undersigned authority, I (*Owners Name*) _____ personally appeared 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.

(Stamp Seal)

Notary Public, State of Florida



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 #: _____



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.

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

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

Business Name: _____ D/B/A: _____

Business Address: _____ SURFSIDE, FL 33154

Business Phone Number: _____ Other Number: _____

Business E-Mail Address: _____

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

Type of Business _____

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

Type of Resort Tax Collected (*Check All that Apply*)

- Rooms _____ 4% Bed/Room Tax
- Food and Beverage _____ 2% Food/Beverage Tax

Owner/ Operator Name: _____ E-Mail: _____

Owner/ Operator Signature _____