NORTH MIAMI
FLORIDA
Office of Land Use Services

Business Tax Receipt Application

Date: _____

Business/Professional's Name _____

DBA/Fictitious Name _____

Business Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Phone # _____ Alternate Phone # _____

FEIN / SSN # _____ Business Email Address _____

Owner's Last Name _____ Owner's First Name _____

Owner's Home Address _____ City _____ State _____ Zip Code _____

Owner's Phone # _____ Owner's Email Address _____

Nature of Business: Please provide a detailed description of **what products will be sold** and **what services will be rendered**.

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_____

I have read and fully understand Chapter 11, Article II of the City of North Miami Code of Ordinances entitled "Local Business Taxes" as well as the provisions regulating Local Business Taxes in completion. All information presented on this application is true and agree to notify the Finance Department in writing of any changes in the information set forth in the application within seven (7) days after such change occurs. By signing, I agree to strictly remain in compliance with all the provisions regulating Business Tax Receipts.

_____
Signature (Owner of business, authorized representative, officer, or partner)

Development Services Department
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