



## **Business Tax Receipt Application – Private Waste Collector**

Date: \_\_\_\_\_

Business 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 \_\_\_\_\_

Description of Equipment and Methods: **PLEASE ATTACH ON A SEPARATE PAGE.**

I have read and fully understand Chapter 9, Article IV of the City of North Miami Code of Ordinances entitled "Requirements for Private Waste Collectors" as well as the provisions regulating Private Waste Collectors 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. There are no outstanding contracts for the collection of waste from commercial establishments and multi-family residences within the city between the applicant and any third party for the collection of garbage, trash, and industrial make. Any existing contracts as of the date of application have been extended in writing. I am executing this Sworn Statement to attest that it is my intention to strictly remain in compliance with all the provisions regulating Private Waste Collectors.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_.

(Seal)

(Name of person acknowledging)

\_\_\_\_\_  
Signature of Notary Public  
Print, Type/Stamp Name of Notary

Personally known: \_\_\_\_\_ OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

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

### **OFFICE USE ONLY**

|                                                 |                                                                      |
|-------------------------------------------------|----------------------------------------------------------------------|
| SIC Code _____                                  | <input type="checkbox"/> Register Private Waste Collector (New FEIN) |
| BTR Fee _____                                   | <input type="checkbox"/> Change of Business Name (Same FEIN)         |
| Business Cust# _____                            | <input type="checkbox"/> Change of Ownership (Same FEIN)             |
| Individual Cust# _____                          | <input type="checkbox"/> Change of Physical Address                  |
| <input type="checkbox"/> Located In North Miami | <input type="checkbox"/> Change of Mailing Address                   |
| <input type="checkbox"/> Full Price             | <input type="checkbox"/> Update Other Business Information           |
| <input type="checkbox"/> Prorated Price         | <input type="checkbox"/> Information Provided from Database          |