CITY OF MIAMI SPRINGS
BUILDING & CODE COMPLIANCE DEPARTMENT
201 WESTWARD DRIVE
MIAMI SPRINGS, FLORIDA 33166
***(305)* 805-5030 FAX-(305) 805-5036**

CHECKLIST FOR BUSINESS TAX RECEIPT (OCCUPATIONAL LICENSE) APPLICATIONS

THE FOLLOWING IS REQUIRED WHEN APPLYING FOR YOUR BUSINESS TAX RECEIPT:

1. Electrical inspection required for new tenant. (SFBC Chapter 305.1(a), *307.5).* Submit electrical application with a $125.00 check made out to the City of Miami Springs.

2. Fire Inspection. All New Occupational License applications must have a fire inspection by Miami- Dade County Fire Department. Information sheet is attached.

3. DERM approval. Most new licenses will require approval from DERM. See the last two pages of application package for information on obtaining a DERM approval stamp.

3. Fill out Application for new license or changes to an existing license. (Application must be filled out completely or it will not be processed).

4. Fill out Emergency Locator sheet.

5. All Corporations must provide a copy of **"Articles of Incorporation"** or **"Annual Corporate Report"** filed with the State designating those persons authorized to act on behalf of the entity.

6. A sign permit is required for a new sign, alteration or change of copy on an existing sign.

7. Approval is required from Department of Business and Professional Regulation, Division of Hotels & Restaurant, call 470-5680. Health inspection is required of any establishment preparing/selling food.

8. Off-street parking requirements section 150.0 16 Miami Springs Code, see Zoning/Planning Division if applicable.

9. Warranty Deed or Bill of Sale if new property owner.

BUILDING PERMITS

A Building Permit is required for any alteration or remodeling for the business. All work performed under Building Permit must be completed and Final Inspection approved prior to obtaining the occupational license.

CITY OF MIAMI SPRINGS, FLORIDA
APPLICATION FOR BUSINESS TAX RECEIPT (OCCUPATIONAL LICENSE)

Welcome to the City of Miami Springs. If you require assistance, please call customer service at *(305)* 805- *5030,* or visit the Code Compliance Division located at the Building Department, 201 Westward Drive. Out of State Applications: Please mail your application to City of Miami Springs, Building & Code Compliance Department, 201 Westward Drive, Miami Springs, Florida 33166. **NOTICE:** This application will not be accepted unless it is completed in full, signed by the owner and/or officer of the company with signatures notarized

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PART I: TO BE COMPLETED BY APPLICANT (Please answer all questions completely and clearly)

A) REASON **FOR SUBMITTING THIS APPLICATION:**

____ New Business Applying for the First Time

____ Professional to Be Added to an Existing Licensed Business

Change One of the Following:

____Location

___Ownership

____Name of Business

____Principal Type of Business

From:

To:

B) LEGAL FORM OF YOUR BUSINESS:

____ Sole Proprietorship

____ Partnership

____ Corporation (Required: Please Provide a copy of your Articles of Incorporation)

C) ABOUT YOUR BUSINESS:

1) Name: _____ 2) D/B/A:

3) Business Location: _____ City/State/Zip:

4) Mailing Address: (If different) _____ City/State/Zip:

5) Phone Number: _____

6) Required: Federal Employer Identification Number:

Or Social Security Number of the Business Owner:

7) Owner or Local Officer: (Sole Proprietors - Please indicate owner. Partnerships/Corporations - Please list one owner or local officer below.)

Name: _____ Home Phone #: _____ Beeper #:

Home Address: _____ City/State/Zip:

Drivers License #: _____ State:

Have you ever owned a business in Miami Springs? ____ No ____ Yes Previous License #:

8) 24-Hour Emergency Contact: Name: _____ Phone #:

Address: _____ City/State/Zip:

9) Do you own or rent the property where the business is located? ____Own ____Rent **If you rent,** please Provide the name and address of the property owner: _____

10) Indicate the name of the business previously operating at the business location address:

11) Is your business ready to open? ____ Yes ____ No If not, when will it be ready for opening?

12) Describe your business in detail (please be specific as to the products, goods or services to be sold):

_____

_____

13) You are required to show proof of your current State professional license, State registration, or County certification(s), where applicable. Please present the original document(s) when submitting your application, and provide copies along with your application for the City's records.

D) **PLEASE READ THE FOLLOWING STATEMENT, INFORMATION AND SIGN**

EXCERPTS FROM CITY OF MIAMI SPRINGS CODE OF ORDINANCES

113.01 LICENSE REQUIRED. From and after the passage of this chapter, every person, firm, corporation, and association engaged in or managing any business in the city is required to have a city license, and shall annually, and always before engaging in any business, profession, or occupation, register in a book or file to be kept for that purpose by the city manager or his delegated agent, their names, profession or occupation, and their place of business. No person, firm, corporation, or association shall engage in or manage any business, profession, or occupation until after having been so registered. The city manager shall provide a listing of validated licenses for each fiscal year to the city clerk.
113.02 PAYMENT REQUIRED. No person shall engage in or manage any business, occupation, or profession hereinafter mentioned and required to be licensed by the city without having paid the amount of license required therefore.
113.07 SELLING OR DISPOSING OF MERCHANDISE (B) All licenses shall be sold beginning September 1 of each year, shall be due and payable on October 1 of each year, and shall expire on September 30 of the succeeding year. Those licenses not renewed by October 1 shall be considered delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional *5%* penalty for each month of delinquency thereafter, until paid. However, the total delinquency penalty shall not exceed *25%* of the occupational license fee for the delinquent establishment. (Ord *519,* passed 9-11-72; Am. Ord *596,* passed 2- 14-77) Statutory reference: Miami Springs Code of Ordinances Chapter 113 & Florida State Statute Chapter 205

I affirm that all information that I have provided is true and correct. I further acknowledge that I will be subject to all penalties prescribed by law for providing any false information to the City. I understand that the City will issue this license only after proper review of my application and any investigation deemed necessary, and only after payment of the appropriate license fee. I also understand that issuance of a license does not release me from responsibility for making any other improvements that may be required in conjunction with any City, County, State or Federal laws applicable to my business or premises. I hereby acknowledge that issuance of an occupational license does not legalize any improper existing or proposed non-conforming uses of the location, nor does it legalize the nature of the business being conducted if contrary to any local, State or Federal laws.

Authorized Signature: _____ Title: _____ Date: _____

SWORN TO AND SUBSCRIBED before me this
_____day of_____, 20___ , _____
Who: ___is personally known to me OR has produced _____ as identification and who executed the foregoing instrument freely and voluntarily for the purposes therein expressed.

_____ _____
NOTARY PUBLIC-Signature Notary-Printed Name
State of Florida At Large

MY COMMISSION EXPIRES: _____

FOR OFFICE USE ONLY

The property is zoned:
Application Approved: ____ Disapproved for the following reasons: _____
Authorizing Signature: _____Date: _____

DERM Approval Here:

CITY OF MIAMI SPRINGS
BUILDING & CODE COMPLIANCE DEPARTMENT
201 WESTWARD DRIVE
MIAMI SPRINGS, FLORIDA 33166
***(305)* 805-5030 FAX-(305) 805-5036**

EMERGENCY LOCATOR INFORMATION SHEET
FOR CITY OF MIAMI SPRINGS POLICE AND FIRE DEPARTMENTS

Name of Business_____

Business Address_____

Business Phone_____

Name of Business Owner_____

Home Address_____

Home Phone_____

In case of emergency contact:_____

At:_____ Phone:_____

Date:_____ _____

Signed

CITY OF MIAMI SPRINGS, FLORIDA
OCCUPATIONAL LICENSE DIVISION

OCCUPATIONAL LICENSE FEE DETERMINATION FORM

NAME OF BUSINESS: _____
BUSINESS ADDRESS: _____

EXACT DESCRIPTION OF BUSINESS (Please be specific as to the products or services to be sold):
_____
_____

I certify that the information provided below is true and correct to the best of my knowledge:

AUTHORIZED SIGNER: _____TITLE: _____

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FOR OFFICE USE ONLY. DO NOT COMPLETE BELOW THIS LINE!

PRINCIPAL AND SECONDARY BUSINESS (Check all applicable categories below and complete the questions)

Indicate which one of the following categories best describes your principal business the work or service provided that will generate the greatest portion of your sales or revenues:

___**LODGING:** Provides temporary, short-term or long-term residential accommodations or facilities for rent, lease or use.

Apartments/Total Number of Units: _____
Manager Resides in Unit Number _____
Hotels/Total Number of Units: _____
Manager Resides in Unit Number _____
Motel Total Number of Units: _____
Manager Resides in Unit Number _____
Swimming Pool/Number of Pools: _____

___**IMPORT/EXPORT**

___**MISCELLANEOUS:** (Describe)
_____

___**MERCHANT:** Sells merchandise at retail.

Starting Retail value of merchandise for sale (average value of all goods, merchandise, wares, etc.)

$_____

(OVER)

____**MERCHANT:** Sells merchandise at wholesale.

Wholesale value of merchandise/investment: $ _____

____RESTAURANTS **AND RELATED ESTABLISHMENTS:**

(Must submit approval from hotel & restaurant division). Prepares and sells meals and/or beverages to the public. Includes sit-down, drive-in and take-out food establishments and bars.

Total Number of Seats: _____
Take-Out Service Provided? _____
Counter Service Provided? _____
Sales, Inventory Amount of Merchandise for Sale: _____
Do you serve alcoholic beverages? __Yes____ __No____
Do you have live entertainment? __Yes____ __No____

____**SERVICE/BANKS, SAVINGS AND LOAN ASSOCIATIONS:**

Any state or federal chartered bank or savings and loan association.

How many workers do you have: _____?

____**SERVICE/LICENSED** Business:

Provides a service which requires licensure or certification by the Federal, State or County government(s) showing that the person(s) or business providing the service has acquired the expertise, skill or qualifications necessary. Must provide a copy of this license.

Number of Chairs: _____
Number of Manicure Tables: _____
Sales, Inventory Value of Merchandise for Sale: _____

____**SERVICE/OTHER** BUSINESS:

Provides a service which is not professional in nature or that does not require Federal, State or County licensure showing that the person or business is qualified to provide such service. How many workers do you have: _____?

____**SERVICE/PROFESSIONAL:**

Includes professionals practicing accounting, medicine or law. A separate license for each person engaged in the practice of such profession is required.
How many workers do you have: _____?

****

OFFICE USE ONLY

CITY OF MIAMI SPRINGS OCCUPATIONAL LICENSE #: _____
Business Category Codes _____
Description _____
License Fee Amount: Annual: $_____ Half Year: $_____
Fee Determined By: _____ Date: _____

` CITY OF MIAMI SPRINGS, FLORIDA
APPLICATION FOR COIN-OPERATED MACHINE
LOCAL BUSINESS TAX RECEIPT

This application is for the purpose of authorizing and licensing a business to operate a specified number of coin-operated vending machines at a specific location. The license is issued by the Occupational-License Division and must be renewed annually. This application must also be submitted anytime an operator wishes to operate more machines at a location than are listed on an existing occupational license. Every coin-operated machine must have an occupational license sticker on them which authorizes operation of the machine.

THE ANNUAL FEE IS BASED UPON THE TOTAL NUMBER OF MACHINES OPERATED WITHIN THE CITY.

1. Name of Business: _____
Business Address: _____
Mailing Address: _____

Occupational License Number (if already issued):_____

2. Maximum number of machines to be operated in the City:_____

3. Check reason for Applying (Check Only One):
_____New-License
_____Update of Occupational License # _____
_____Additional Machines to be added: # _____
_____New Location: Total Number of Machines: __
4. List each location of machines and number of machines at each location:
_____ _____

_____ _____

_____ _____

5. Daytime Telephone Number: _____

6. CERTIFICATION BY OPERATOR'S AUTHORIZED REPRESENTATIVE:
I hereby certify that the information provided on this application is, to the best of my knowledge and belief, complete, true and correct and that the Occupational License Stickers will be affixed to each machine at the above locations. I understand that additional fees are due when I wish to operate more machines than are authorized by an existing Occupational License issued to pursuant to this application.

_____
Authorized Signature of Operator or Representative
_____ Date: _____
Print or Type the Signature Above

CITY OF MIAMI SPRINGS
LOCAL BUSINESS TAX
ELECTRICAL INSPECTION
APPLICATION

PERMIT#: _____

Property Owner's Name: _____
Phone: _____
Address: _____
City _____ State _____ Zip_____

Business Name:_____
Tenant's Name: _____
Phone _____ Cell Phone: _____
Tenant's Address: _____
City _____ State _____ Zip: _____

Application is hereby make to obtain a City of Miami Springs New Tenant LOCAL BUSINESS TAX Electrical Inspection. An electrical inspection of the premises is required prior to issuance of said license. An electrical permit must be obtained by a licensed & insured electrical contractor for any repairs required prior to issuance of said license.

Signature:_____
Property Owner

Sworn to and Subscribed before me by
who is personally known to me or has
produced
as identification, this _____day of_____
20____
Notary's Signature_____

Signature:_____
Tenant

Sworn to and Subscribed before me by
who is personally known to me or has
produced
as identification, this _____day of_____
20____
Notary's Signature_____

CITY OF MIAMI SPRINGS
LOCAL BUSINESS TAX
FIRE INSPECTION REQUIREMENT

Business Name:_____
Tenant's Name: _____
Phone: _____ Cell Phone: _____
Business Address: _____
City: _____ State: _____ Zip: _____

YOU ARE HEREBY NOTIFIED THAT PRIOR TO THE ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT (OCCUPATIONAL LICENSE), YOU MUST HAVE AN INSPECTION BY THE MIAMI-DADE COUNTY FIRE DEPARTMENT. IN ORDER TO SCHEDULE THAT INSPECTION, PLEASE CALL:

(786) 331-4800

Miami-Dade Fire Department
Fire Prevention Division O.I.C.
Fire Rescue Department
Fire Marshal's Office
9300 NW 41 St.
Miami, Fl. 33178

Once your inspection has been completed, bring the completed inspection approval form to the Building Department for completion of the application process.

ATTENTION ALL APPLICANTS FOR MIAMI SPRINGS LOCAL BUSINESS TAX (OCCUPATIONAL LICENSE) PLEASE COMPLY WITH THE ATTACHED DERM GUIDELINES AND REQUIREMENTS. A DERM APPROVAL STAMP AT THE BOTTOM OF PAGE TWO WILL BE NEEDED BEFORE YOUR APPLICATION CAN BE COMPLETED AND APPROVED.

DERM GUIDELINE
CERTIFICATE OF USE/OCCUPATIONAL LICENSE

For more information call 3-1-1 or visit us at
www.miamidade.gov/derm

Welcome to the DERM Environmental Plan Review and Development Approvals Division. One of our main responsibilities is to review Certificates of Use and Occupational License applications to ensure that Federal, State, and County (Chapter 24 and Chapter 11c of the Miami-Dade County Code) environmental protection laws are complied with. Our mission is 'To balance today's needs through responsible governance, education, and conservation, to protect our environment for tomorrow'.

The following steps will guide you through the DERM Certificate of Use/Occupational License review process.

1. **Step One: Apply for your Certificate of Use/Occupational License with applicable Municipality.**
    a. **Make sure to bring the following information before visiting DERM:**
        i. **The original Certificate of Use/Occupational License application from the municipality – the application should be completely filled out.**
        ii. **A copy of the lease or notarized letter from landlord indicating business name, specific address, square footage, and proposed use.**
        iii. **A copy from the Municipality of the last approved Certificate of Use/Occupational License for the same address.**

2. **Step Two: With the information from Step One, visit one of DERM's offices (see reverse side for listing of DERM offices). DERM's review will include the following:**
    a. **Verify the previous use and determine proposed use.**
    b. **Determine if proposed use complies with Miami Dade County Environmental Code (Chapter 24).**
    c. **Determine if any restrictions apply**
        i. **If property is served by an onsite septic system**
        ii. **If property is located within a well field protection area**
    d. **Determine if any additional DERM operating permits are required.**
    e. **Determine if other DERM sections require approval.**

3. **Step Three: Once DERM's review is completed, you may need to:**
    a. **Complete a DERM Sanitary Sewer Capacity application**
    b. **Obtain a Water and Sewer Verification Form from utility**
    c. **Obtain a Miami Dade Water and Sewer Ordinance Letter**
    d. **Complete DERM operating permit forms**
    e. **Pay DERM review fees ($50 minimum review fee)**

4. **Step Four: After DERM review is approved you can return to the Municipality to finish your Certificate of Use/Occupational License.**

Based on the proposed use, the following items may be required prior to DERM approval:

1. **Any proposed use that involves food preparation, handling, or storage served by public sanitary sewers requires a Grease Discharge Operating Permit from DERM.**
2. **Any proposed use that involves the use, handling, storage, or generation hazardous materials or the generation of hazardous waste requires an IW5 (Industrial Waste) Operating Permit from DERM.**
3. **Any proposed use that may emit air pollutants may require an Air Permit from DERM.**

Municipal Certificate of Use and Occupational License applications may be submitted to any of our Office locations:

DERM's Downtown Plan Review Office
701 NW 1st Court, Suite 200
Miami, FL 33136
305-372-6789
Hours of operation:
8:00 a.m. to 4:00 p.m.

DERM West Dade Plan Review Office
11805 SW 26th Street
Miami, FL 33175
786-315-2800
Hours of operation:
7:30 a.m. to 4:00 p.m.

DERM's Plan Review Office in Hialeah
(Inside the Hialeah City Hall)
501 Palm Avenue, 2nd floor
Hialeah, FL
305-492-2004
Hours of operation:
8:30 a.m. to 4:00 p.m.

To set up an appointment with a Lead Worker, please call any of the offices listed above. This guideline provides minimum requirements only, additional information may be requested prior to DERM approval.