



CITY OF MIAMI SPRINGS
BUILDING AND CODE COMPLIANCE DEPARTMENT
CHECKLIST OF ATTACHMENTS



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The following is a checklist of attachments which your Application **may need to have** to be processed. Please attach the required documentation to the Application.

- ☐ Check made out to the “City of Miami Springs” in the amount of \$125.00 for the required Electrical Inspection
- ☐ Fire Inspection Report, Call (786) 331-4800 for an inspection.
- ☐ D.E.R.M Approval
- ☐ Coin Operated Machine Application required
- ☐ Copy of proof of additional waste pick-up for **any** type of medical offices
- ☐ Copy of corporate documents showing the Federal Identification Number
- ☐ Copy of Lease Agreement, Bill of Sale or Warranty Deed
- ☐ Copy of State License (Department of Business and Professional Regulation) of applicant
- ☐ Copy of Driver’s License of applicant
- ☐ Sketch of home indicating which room is used as the “Home Office”
- ☐ Articles of Incorporation
- ☐ Annual Corporate Report
- ☐ Health inspection is required of any establishment preparing/selling food
- ☐ A sign permit is required for a new sign, alteration or change of copy on an existing sign



CITY OF MIAMI SPRINGS
BUILDING AND CODE COMPLIANCE DEPARTMENT
LOCAL BUSINESS TAX RECEIPT APPLICATION



APPLICATION

Name of Business

Name of Owner

DBA

F.E.I. Number

Select one of the following:

- ☐ New Business ☐ Change of Name/Location/Other ☐ Transfer ☐ Add New Professional to Existing Business

Select the legal form of your business:

- ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Business Address

Suite No.

Business Telephone

Business Fax

City

State

Zip Code

Business E-Mail

Mailing Address

Suite No.

Emergency Contact

City

State

Zip Code

Emergency Contact Telephone

Please indicate what products will be sold or what services rendered:

GENERAL INFORMATION

Instructions: Please complete the appropriate response to each question.

- What is the gross floor area of the business facility?
Please provide a copy of your lease agreement to verify square footage. _____ square feet
- What is the number of employees including owners and management? _____ employees
- What is the number of coin operated machines at the location?
(i.e. soda, washer, drier, cigarette, etc.) _____ machines
Please provide a completed application for coin operated machines.
- If the business is an eating establishment, what is the number of seats? _____ seats
- What is the number of units? _____ units

GENERAL QUESTIONS

- Will this business be joining an existing office? ☐ Yes ☐ No
- Will this business be operated from home?
If Yes, **provide a completed Home Business Tax Receipt affidavit.** ☐ Yes ☐ No
- Will this business require a state license?
If Yes, **provide a copy of the state license.** ☐ Yes ☐ No
- Will you be performing any work or alterations to your location?
If Yes, **describe the work.** _____ ☐ Yes ☐ No
- Would you describe this business a "Not-For-Profit" Organization?
If Yes, **provide a copy of Not-For-Profit documentation.** ☐ Yes ☐ No
- Will you be changing or adding a new sign to building?
If Yes, **you should apply for a building permit.** ☐ Yes ☐ No

AFFIDAVIT

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

State of _____
County of _____

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 Printed Name

Notary Public, State of Florida, At Large
My commission expires:

Notary Signature

FOR OFFICE USE ONLY – DO NOT COMPLETE BELOW

	Approved by	Date	Rejected By	Date
Fire				
D.E.R.M				
BTR Official				

ZONING REVIEW

Type of Zoning _____

Type of Business _____

- | | | | |
|---|------------------------------|-----------------------------|---|
| 1. Type of Business Allowed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| 2. Required Parking Available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| 3. Alcoholic Beverage License Needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| 4. Business Cleared for Business Tax Receipt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |

Needed requirements to qualify for Business Tax Receipt, or reason for denial: _____

City Planner Signature

Date