



**TOWN OF BAY HARBOR ISLANDS**  
9665 Bay Harbor Terrace  
Bay Harbor Islands, FL 33154  
Tel (305) 866-6241 Fax 305-866-4863

**BUSINESS TAX RECEIPT REQUIRED DOCUMENTS**  
**CHECKLIST – APARTMENT RENTAL**

- \_\_\_\_\_ **Bay Harbor Islands Business Tax Receipt Application.**  
\* \$25 Processing Fee (Non-refundable fee)  
\* License Fee (To be determined after processing) based on the number of rooms.
- \_\_\_\_\_ **Copy of the applicant State issued Identification.**  
Drivers License, State Identification or Passport.
- \_\_\_\_\_ **Federal Employer Identification Number or Social Security Number.**  
[www.irs.gov/EIN](http://www.irs.gov/EIN)
- \_\_\_\_\_ **Copy of State of Florida Professional Business License (DBPR) - Non- Transient Apartment License (5 units or more)**  
All businesses regulated by the Department of Professional Regulation must submit a copy of the current license. 1(850)-487-1395. [www.MyFloridaLicense.com/DBPR](http://www.MyFloridaLicense.com/DBPR)
- \_\_\_\_\_ **Corporate Registration from the State of Florida Division of Corporations.**  
All businesses transacting in the State of Florida are required to register with the State of Florida. Please provide a copy of the Corporate/Limited Liability Company/Partnership Documents. [www.sunbiz.org](http://www.sunbiz.org)
- \_\_\_\_\_ **Copy of Fictitious Name Registration from the State of Florida Division of Corporations.**  
(Also known as a “doing business as” or “dba”)  
If you are not registering an Out-of-State Corporation as a Florida Corporation, you can register same as a fictitious name or if you are conducting business under another name. [www.sunbiz.org](http://www.sunbiz.org)
- \_\_\_\_\_ **Copy of Miami Dade County Local Business Tax Receipt.** All businesses operating within Miami-Dade County are required to also obtain a Miami-Dade County Local Business Tax Receipt. Online: [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector) or in person: Miami-Dade County Business Tax 200 NW 2nd Avenue, 1st Floor, Miami, FL 33128. For more information: (305) 270-4949.
- \_\_\_\_\_ **Copies of Deed or proof of ownership**

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**PRIOR TO THE ISSUANCE OF A BUSINESS TAX RECEIPT BY THE TOWN BUILDING DEPARTMENT THE FOLLOWING INSPECTIONS SHALL BE PERFORMED PRIOR TO THE OPENING OF A BUSINESS.**

- \_\_\_\_\_ **Life Safety Inspection or Copy of the Miami- Dade Fire Dept. Annual Operating Permit**  
Miami-Dade County Fire Department  
Office of Fire Marshall - 786-331-4800  
[www.miamidade.gov/fire](http://www.miamidade.gov/fire)

Local Business Tax Receipts are valid from October 1st through September 30th of the following year. The tax for a new business opening after April 1st may be prorated to 50% of the annual tax. Transfer fees are equal to ten percent of the annual tax.

# Town of Bay Harbor Islands

## APPLICATION FOR BUSINESS TAX RECEIPT - APARTMENT RENTAL

**PRINT OR TYPE ALL INFORMATION REQUESTED**

**PROCESSING FEE - \$25.00**

BEFORE OPENING A BUSINESS IN BAY HARBOR ISLANDS MAKE SURE YOU CHECK WITH THE BUILDING DEPARTMENT FOR CERTAIN CONDITIONS THAT MAY APPLY TO THE BUSINESS OR LOCATION.

EXAMPLE:     Change of Use and Occupancy Inspections  
               Fire Department Inspections  
               Sign Regulations

|                         |                       |
|-------------------------|-----------------------|
| (For official use only) |                       |
| DATE RECEIVED: _____    |                       |
| DATE ISSUED: _____      | LICENSE FEE: \$ _____ |
| ACCT. NO. _____         | LICENSE NO. _____     |
| CLASSIFICATION: _____   |                       |

**INDICATE TYPE OF OWNERSHIP OF BUSINESS:**    Individual    Corporation    Partnership    Other \_\_\_\_\_

|   |       |                 |
|---|-------|-----------------|
| *APPLICANT:                               |       | DATE OF BIRTH:  |
| E-MAIL:                                   |       | PHONE:          |
| SS#:                                      | FEIN: | DRIVER LICENSE: |
| BUSINESS NAME:                            |       | PHONE:          |
| DOING BUSINESS AS (dba):                  |       |                 |
| APARTMENT ADDRESS:                        |       |                 |
| MAILING ADDRESS (if different)            |       |                 |
| DESCRIPTION OF BUSINESS (provide details) |       |                 |
|   |       |                 |

ESTIMATED NUMBER OF EMPLOYEES: \_\_\_\_\_ WILL BUSINESS HAVE VENDING MACHINES \_\_\_\_\_ IF SO, WHAT PRODUCT WILL BE VENDED: \_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS:**

CERTIFICATIONS ISSUED BY STATE/COUNTY AGENCIES  
 COPY OF ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION  
 LIST OF CORPORATE OFFICERS (Including Name, Address and Telephone Numbers)  
 COPY OF LEASE (IF APPLICANT IS OTHER THAN OWNER)  
 IF PROPERTY OWNER, PROVIDE COPIES OF DEED OR OTHER DOCUMENTS SHOWING OWNERSHIP

|  |
|--|
| LIST NAME, ADDRESS AND TYPE OF BUSINESS (both current and previous) YOU HAVE OPERATED: |
|  |
|  |
|  |

LIST THREE (3) REFERENCES: (Note if you list a bank, corporation, etc. include name of a contact person)

| NAME | ADDRESS | PHONE |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |

I understand that in applying for a business license in the Town of Bay Harbor Islands it is my obligation to understand and comply with the rules and regulations of the Town of Bay Harbor Islands. I acknowledge receipt of a copy of the Town's sign regulations, if applicable.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED  
 PLEASE BE SURE TO ATTACH ALL REQUIRED DOCUMENTATION**

# Town of Bay Harbor Islands

## APPLICATION FOR BUSINESS TAX RECEIPT - APARTMENT RENTAL

To be issued to (Name of Owner): \_\_\_\_\_  
 D/B/A (Name of Building): \_\_\_\_\_  
 Address of building: \_\_\_\_\_  
 Address of owner (if different from above): \_\_\_\_\_  
 \_\_\_\_\_  
 Phone number of Owner: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)  
 Name and phone number of Superintendent of Manager, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 Other Contact Information: \_\_\_\_\_  
 \_\_\_\_\_

| NUMBER OF UNITS IN THE BUILDING |  | NUMBER OF ROOMS PER UNIT<br>(excluding baths & kitchens) | NUMBER OF BATHROOMS<br>OR TOILET FACILITIES<br>INCLUDING BIDETS |
|---------------------------------|--|--|---|
| 1 Bedroom                       |  |  |   |
| 2 Bedrooms                      |  |  |   |
| 3 Bedrooms                      |  |  |   |
| 4 Bedrooms                      |  |  |   |
| Efficiencies                    |  |  |   |
| Studios                         |  |  |   |

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

**Building Dept:**

Type of Business Compliant with Code?  Yes  No  
 Council Approval Required?  Yes  No  
 Council Approval Date: \_\_\_\_\_  
 Building Official: \_\_\_\_\_

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

**Police Department:**

Background Investigation Completed?  Yes  No Date: \_\_\_\_\_  
 Approval for License  Yes  No Date: \_\_\_\_\_  
 Officer's Name: \_\_\_\_\_ Officer's Signature: \_\_\_\_\_

|                   |
|-------------------|
| Officer's Remark: |
|-------------------|