



**BUSINESS TAX RECEIPT REQUIRED DOCUMENTS CHECKLIST – VENDING MACHINES**

\_\_\_ **Bay Harbor Islands Business Tax Receipt Application.**

\*\$25 Processing Fee (Non-refundable fee)

\*License Fee (To be determined after processing) based on number of machines @ \$12.15 each

\_\_\_ **Copy of the applicant State issued Identification.**

Drivers License, State Identification or Passport.

\_\_\_ **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)

For more information: (305) 270-4949.

\_\_\_ **Federal Employer Identification Number or Social Security Number.**

[www.irs.gov/EIN](http://www.irs.gov/EIN)

\_\_\_ **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 Warranty Deed or Lease Agreement.**

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**  
**BUSINESS TAX RECEIPT APPLICATION -VENDING MACHINES**

**PROCESSING FEE - \$25.00**

**PRINT OR TYPE ALL INFORMATION REQUESTED:**

<b>(for office use only)</b>	
DATE RECEIVED: _____	
DATE ISSUED: _____	FEE: _____
ACCT. NO. _____	LICENSE NO. _____
CLASSIFICATION: _____	

FEIN #: \_\_\_\_\_ OR, SS# \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
TO BE ISSUED TO: \_\_\_\_\_ PHONE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
BUSINESS/ BUILDING NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
BUSINESS/BUILDING ADDRESS: \_\_\_\_\_  
DESCRIPTION OF BUSINESS: \_\_\_\_\_  
TYPE OF VENDING MACHINE: \_\_\_\_\_ NUMBER OF MACHINES: \_\_\_\_\_

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