



City of North Miami Office of the City Clerk
 776 NE 125 Street | North Miami | Florida | 33161
 Office: 305.895.9817 Fax: 305.899.0497

Michael A. Etienne, Esquire

North Miami Elected City Clerk

BUSINESS TAX RECEIPT APPLICATION

- New Business
- Change of Address
- Change of Ownership
- Transfers of Ownership
- Business Name Change
- Other

Date _____

Business Name _____

DBA (fictitious name) CORP NAME: _____

Business Address: _____ City _____ State _____ Zip Code _____

Business Mailing Address (if different): _____

Business Phone: _____ Business email: _____

Federal Tax ID#/SS: _____

Owner's Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip code: _____

Website/Email: _____ Alternate Phone # _____

Nature of business: _____

 Signature
 Owner of the business, authorized representative, officer, partner

The holder of a business tax receipt shall notify the city clerk in writing of any change in the information set forth in the application within seven (7) days after such change occurs.

OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> SIC CODE _____ | <input type="checkbox"/> HOME INDUSTRY Y N _____ |
| <input type="checkbox"/> FEE _____ | <input type="checkbox"/> Fiscal Year: Oct 1 st – Sept 30 th |
| <input type="checkbox"/> Business CUST# _____ | <input type="checkbox"/> Half Year April 1 st – Sept 30 th |
| <input type="checkbox"/> Individual CUST# _____ | <input type="checkbox"/> Minimum Housing Fee _____ |
| <input type="checkbox"/> Parent Business CUST# _____ | |

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