



Finance Department

776 NE 125 Street | North Miami | Florida | 33161
Office: 305.895-9884 | Fax: 305.981.4027

BUSINESS TAX RECEIPT APPLICATION

- checkbox New Business
checkbox Change of Address
checkbox Change of Ownership
checkbox Transfers of Ownership
checkbox Business Name Change
checkbox 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 or partner

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

OFFICE USE ONLY

- checkbox SIC CODE _____
checkbox FEE _____
checkbox Business CUST# _____
checkbox Individual CUST# _____
checkbox Parent Business CUST# _____
checkbox HOME INDUSTRY Y N _
checkbox Fiscal Year: Oct 1st - Sept 30th
checkbox Half Year April 1st - Sept 30th
checkbox Minimum Housing Fee _____