



Business Tax Receipt Application – Private Waste Collector

Date: _____

Business Name _____

DBA/Fictitious Name _____

Business Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Phone # _____ Alternate Phone # _____

FEIN / SSN # _____ Business Email Address _____

Owner’s Last Name _____ Owner’s First Name _____

Owner’s Home Address _____ City _____ State _____ Zip Code _____

Owner’s Phone # _____ Owner’s Email Address _____

Description of Equipment and Methods: **PLEASE ATTACH ON A SEPARATE PAGE.**

I have read and fully understand Chapter 9, Article IV of the City of North Miami Code of Ordinances entitled “Requirements for Private Waste Collectors” as well as the provisions regulating Private Waste Collectors in completion. All information presented on this application is true and agree to notify the Finance Department in writing of any changes in the information set forth in the application within seven (7) days after such change occurs. There are no outstanding contracts for the collection of waste from commercial establishments and multi-family residences within the city between the applicant and any third party for the collection of garbage, trash, and industrial make. Any existing contracts as of the date of application have been extended in writing. I am executing this Sworn Statement to attest that it is my intention to strictly remain in compliance with all the provisions regulating Private Waste Collectors.

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____ (Name of person acknowledging)

(Seal)

Signature of Notary Public
Print, Type/Stamp Name of Notary

Personally known: _____ OR Produced Identification: _____

Type of Identification Produced: _____

Signature (Owner of business, authorized representative, officer, or partner)

OFFICE USE ONLY	
SIC Code _____	<input type="checkbox"/> Register Private Waste Collector (New FEIN)
BTR Fee _____	<input type="checkbox"/> Change of Business Name (Same FEIN)
Business Cust# _____	<input type="checkbox"/> Change of Ownership (Same FEIN)
Individual Cust# _____	<input type="checkbox"/> Change of Physical Address
<input type="checkbox"/> Located In North Miami	<input type="checkbox"/> Change of Mailing Address
<input type="checkbox"/> Full Price	<input type="checkbox"/> Update Other Business Information
<input type="checkbox"/> Prorated Price	<input type="checkbox"/> Information Provided from Database