



BUSINESS TAX RECEIPT
(Formerly Occupational License)
VILLAGE OF EL PORTAL
500 NE 87TH ST
EL PORTAL, FL 33138
OFFICE: 305-795-7880
FAX: 305-795-7884

APPLICATION INSTRUCTION

The following steps must be taken to establish a business within the Village of El Portal:

STEP 1: Before signing a lease or purchasing property in the Village of El Portal, check with the Building and Zoning Department of the Village to make certain that the proposed business or occupation (Home Occupational Licenses are issued separately) is permitted at the address intended. The Building and Zoning Department will verify that all parking requirements for your proposed business or occupation are met as well.

STEP 2: Apply for a Certificate of Use from the Village of El Portal Building Department.

STEP 3: Take a copy of the Certificate of Use application for Department of Environmental Resources Management (DERM) approval. All NEW Business Tax Receipts require DERM and Water and Sewer Notice of Compliance per Miami Dade County except for Home Occupational Licenses. DERM offers numerous locations where applicants can submit their application for review and approval.

TO FIND THE NEAREST DERM DEPT OFFICE:

Visit www.miamidade.gov/derm and click the "Contact Us" link or call:

(786) 315-2800

(305) 372-6789

(305) 492-2004

STEP 4: Applicants must provide a copy of:

- Their current Fictitious Name Affidavit and Articles of Incorporation, or Amendments to the Articles of Incorporation from the State of Florida, or a written statement signed by the applicant, stating the reason they need not comply with the Fictitious Name Act. Showing the Federal Identification Number and/or registration as a Corporation.
- A copy of their State license.
- Applicants listing their home address as place of business must complete the Home Occupation License. (Proof of residence required.)

STEP 5: Fill out this Business Tax Receipt application and submit with **ALL** applicable attachments to the front desk of the Building Department for processing. *Please note that INCOMPLETE applications will not be accepted.*

***NOTE:** Each agency or professional business office is required to have a Business Tax Receipt and each professional working out of such location is required to have a separate Business Tax Receipt.

APPLICATION FORM

Date of Application: _____

Pursuant to El Portal Village Code Sec. 11-1., Village of El Portal, I hereby make an application for:

New Local Business Tax Receipt Ownership Transfer Location Transfer Other Changes (specify) _____

From El Portal Business Name/Address: _____

To El Portal Business Name/Address: _____

1) Real name of owner(s), firm or corporation: _____ Telephone #: _____
Business Address: _____
E-Mail Address: _____

2) Fictitious name of owner(s), firm or corporation (if used in business; i.e. DBA): _____

3) Federal Employer ID #/Social Security Number _____

4) Sales Tax Certificate # _____

5) Location of business (License shall apply to only one location): _____

6) If a firm, the names of the members of the firm, and if a corporation, the names of the officers of the corporation:

Pres. _____ Sec. _____

Vice-Pres. _____ Treas. _____

7) Name of owner(s) who will manage, control or direct the business to be transacted in the Village:

_____ Telephone #: _____

Business Owner's Mailing Address:

8) Nature of Business: (Be specific: *if merchant, list general lines of merchandise; if professional or service establishment, kinds of services rendered, if insurance or real estate office, list how many sales people, if retail store, list opening worth of inventory/stock, if restaurant, list how many seats, etc.*)

- 9) Will this business:
- a) Be a professional association? YES NO
 - b) Join an existing office? YES NO
 - c) Have door-to-door service? YES NO
 - d) Operate from a home? YES NO
 - e) Require State Licensing? YES NO
 - f) Be licensing fee exempt? YES NO
 - g) Serve liquor? YES NO
 - h) Serve food? YES NO
 - i) Sell tobacco products? YES NO
 - j) Have day or adult care services? YES NO
 - k) Deal with hazardous materials? YES NO

10) What is the gross floor area of the business facility? _____ sq. ft.
Please provide a copy of your lease agreement to verify square footage.

11) What is the number of parking spaces?

I affirm that the information given on and with this document is true to the best of my knowledge and belief. I am authorized to represent the firm in all matters connected with this business. Any intentional misrepresentation on this application could result in the revocation of the Certificate of Occupancy and/or possible action being initiated against the business.

 Signature of Authorized Representative Date
 Print Name: _____
 State of Florida, County of _____
 Sworn to and subscribed before me this ___ day of _____ 20___,
 by _____ who is personally
 known to me or has produced _____ as
 identification.

 Notary Stamp
 Notary Public Signature

PRIOR TO ISSUANCE OF THE LOCAL BUSINESS TAX RECEIPT, THE FOLLOWING VILLAGE DEPARTMENTS/COUNTY AGENCIES MUST APPROVE THE COMPLETED APPLICATION. The Village's Planning Department and/or the Building Department will advise if approval by the Planning Board is necessary and/or if any Building Permits are required. Please note that failure to obtain the necessary approvals may delay, or cause the denial of issuance of a Business Tax Receipt by the Village.

- Raul Rodriguez - Village Planning Department _____
- Miami-Dade County Dept of Environmental Resources (DERM) – STAMP REQUIRED
- Miami-Dade Fire Department – Plans to be stamped (if applicable) or Fire Inspection Completed and paperwork submitted to the Clerk's Office.

LIFE SAFETY INSPECTION INFORMATION



Always Ready, Proud to Serve

Miami-Dade Fire Rescue Department
Office of Fire Marshal
Fire Prevention Division
9300 N.W. 41st Street
Doral, Florida 33178-2414
Tel 786-331-4800 ☆ Fax 786-331-4819

miamidade.gov

Serving Unincorporated
Dade County and the
Municipalities of:

- Aventura
- Bal Harbour
- Bay Harbor Islands
- Baycrest Park
- Doral
- El Portal
- Florida City
- Golden Beach
- Harbor Gardens
- Homestead
- Irish Creek
- Islandia
- Midway
- Miami Gardens
- Miami Lakes
- Miami Shores
- Miami Springs
- North Bay Village
- North Miami
- North Miami Beach
- Opa-locka
- Palmetto Bay
- Pinecrest
- South Miami
- Sunny Isles
- Surfside
- Sweetwater
- Virginia Gardens
- West Miami

Dear Business Owner or Building Owner:

Welcome to Miami-Dade County and thank you for doing business in our county.

This is to notify you that you need to contact our Fire Prevention Division at (786) 331-4800 to schedule your life safety inspection that will be required before you open your doors for business and before you obtain the business tax receipt (occupational license). The life safety inspection is for the purpose of assuring that the business practices and operations within the structure conform with fire safety standards for the protection of the employee and customers of the business. This latter inspection and permitting will be required annually during your occupancy of the structure.

Section 14-53(A) of the Code of Miami-Dade County states that, "No person shall operate, utilize or occupy, or cause, allow, let, permit or suffer to be operated, utilized or occupied any facility, instrumentality or real property, in the unincorporated or incorporated areas of Miami-Dade County, which is required to obtain a permit issued by the Fire Department having jurisdiction pursuant to this article or the South Florida Fire Prevention Code without such a valid permit or in violation of any condition, limitation or restriction which is part of such a permit."

The life safety inspection will provide you with information on what may be necessary to meet fire code requirements to occupy the structure for your particular business and to provide for the safety of your employees and patrons.

Sincerely,

Chief Manuel C. Mena
Fire Marshal

MCM

c. Control File



APPLICATION FOR CERTIFICATE OF USE NEW RENEWAL

Name of Business: _____ Commence Date: _____

Business Address: _____ Business Telephone/Fax: _____

Prior Tenant: _____

Type of Business: (Type of merchandise sold, services provided, etc.) _____

Are you sharing space with another business? Yes No
(If yes, attach copy of current certificate of use.)

Folio Number: _____ Square Footage: _____

AFFIDAVIT

State of FLORIDA County of MIAMI-DADE

_____ being first duly sworn, deposes and says that: He/she is the _____ of _____ and that matters and facts stated in this application are true to his/her knowledge, and that he/she as _____ for _____ is authorized to execute this application for the purposes of obtaining a Certificate of Use from the Village of El Portal.

Sworn to and subscribed before me this _____ day
Signature _____ of _____, 20____.

Print Name and Title _____ Notary Public, State of Florida

Telephone: _____ My Commission Expires: _____

FOR OFFICE USE ONLY

Complies with requirements of zoning code? Yes No

CERTIFICATE APPROVED? YES NO FEE: \$ _____

Building Official: _____ Village Manager _____

BUILDING & ZONING DEPARTMENT
504 NE 87 STREET
El Portal, FL 33138
(305) 795-7880 Fax: (305) 795-7884