

Town of Bay Harbor Islands

APPLICATION FOR BUSINESS TAX RECEIPT - BUSINESS DISTRICT

PRINT OR TYPE ALL INFORMATION REQUESTED

PROCESSING FEE - \$25.00

BEFORE OPENING A BUSINESS IN BAY HARBOR ISLANDS MAKE SURE YOU CHECK WITH THE BUILDING DEPARTMENT FOR CERTAIN CONDITIONS THAT MAY APPLY TO THE BUSINESS OR LOCATION.

EXAMPLE: Change of Use and Occupancy Inspections
 Fire Department Inspections
 Sign Regulations

(For official use only)	
DATE RECEIVED: _____	
DATE ISSUED: _____	LICENSE FEE: \$ _____
ACCT. NO. _____	LICENSE NO. _____
CLASSIFICATION: _____	

INDICATE TYPE OF OWNERSHIP OF BUSINESS: Individual Corporation Partnership Other _____

*APPLICANT:		DATE OF BIRTH:
E-MAIL ADDRESS:		WORK PHONE:
SS#:	FEIN:	DRIVER LICENSE:
BUSINESS NAME:		CELL PHONE:
DOING BUSINESS AS (dba):		
BUSINESS ADDRESS:		
MAILING ADDRESS (if different)		
DESCRIPTION OF BUSINESS (provide details)		

ESTIMATED NUMBER OF EMPLOYEES: _____ DAYS BUSINESS WILL BE OPEN: _____ HOURS: _____
 WILL BUSINESS HAVE VENDING MACHINES _____ IF SO, WHAT PRODUCT WILL BE VENDED: _____

ATTACH THE FOLLOWING DOCUMENTS:

CERTIFICATIONS ISSUED BY STATE/COUNTY AGENCIES
 COPY OF ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION
 LIST OF CORPORATE OFFICERS (Including Name, Address and Telephone Numbers)
 COPY OF LEASE (IF APPLICANT IS OTHER THAN OWNER)
 IF PROPERTY OWNER, PROVIDE COPIES OF DEED OR OTHER DOCUMENTS SHOWING OWNERSHIP

LIST NAME, ADDRESS AND TYPE OF BUSINESS (both current and previous) YOU HAVE OPERATED:

LIST THREE (3) REFERENCES: (Note if you list a bank, corporation, etc. include name of a contact person)

NAME	ADDRESS	PHONE

I understand that in applying for a business license in the Town of Bay Harbor Islands it is my obligation to understand and comply with the rules and regulations of the Town of Bay Harbor Islands. I acknowledge receipt of a copy of the Town's sign regulations, if applicable.

APPLICANT'S SIGNATURE _____ DATE: _____

FOR RESTAURANTS/FOOD ESTABLISHMENTS, A SOLID WASTE DEPOSIT IS REQUIRED (This amount can be adjusted depending upon monthly volume usage)

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
 PLEASE BE SURE TO ATTACH ALL REQUIRED DOCUMENTATION**

Town of Bay Harbor Islands

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Before the issuance of a Certificate of Occupancy will be granted for the completion of a building permit or for a Business Tax Receipt, the following information must be provided.

Per the Florida Building Code, Section 503 and 307, the premises must be inspected and approved prior to new occupancy being granted.

Date: _____

Business Location	
Previous Tenant: (name)	
Previous Use (type of business)	
New Business Name	
New Tenant's Name	
Telephone Number	
Contractor's Name and Address and Phone Number	

OFFICIAL USE ONLY

Town Clerk:

Type of Business Compliant with Code? Yes No
Council Approval Required? Yes No

Council Approval Date: _____

Town Clerk: _____ Town Clerk 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:

Building Department:

Change of Use? Yes No

Inspections Required:

<input type="checkbox"/> Code Compliance	Inspector: _____	Date: _____
<input type="checkbox"/> Building	Inspector: _____	Date: _____
<input type="checkbox"/> Electrical	Inspector: _____	Date: _____
<input type="checkbox"/> Mechanical	Inspector: _____	Date: _____
<input type="checkbox"/> Fire	Inspector: _____	Date: _____
<input type="checkbox"/> Public Works	Inspector: _____	Date: _____
<input type="checkbox"/> DERM	Inspector: _____	Date: _____