



VILLAGE OF VIRGINIA GARDENS

For Office Use Only:

License No: _____

LOCAL BUSINESS TAX RECEIPT APPLICATION

NOTICE: This application will not be accepted unless it is completed in full, signed by the owner and/or officer of the company with their signature notarized. Once completed, return to Village of Virginia Gardens Village Hall, 6498 N.W. 38 Terrace, Virginia Gardens, FL 33166. (305) 871-6104.

As provided by the Village of Virginia Gardens, I hereby make application for:

License: /__ / New /__ / Renew (OR) Change of: /__ / Owner /__ / Address /__ / Business Name

1. Name of Business: _____
2. Address of Business: _____
3. Mailing Address: _____
4. Business Telephone Number: _____

The following information is to be attached to the submitted application:

Copy of Articles of Incorporation or Corporate Report, Copy of Lease, Copy of Driver's License, Social Security Card and Tax Payer Identification Number (FEIN)

Acknowledge receipt of Miami-Dade County Fire Department - Life Safety Inspection requirements:

Initial here: X _____

5. CORPORATIONS/PARTNERSHIPS/SOLE PROPRIETORS (Complete one)

- A. Corporation Name: _____
Name & Title of Corporation Officers: _____

List Contact Person & Telephone Number & Driver License #: _____

- B. Partnership/List Info on Authorized Representatives:
Name: _____
Address: _____
Phone Number: _____
Driver License No.: _____

Attach any additional Partnership information you may have to this application.

- C. Sole Proprietor/List Info on Individual:
Name: _____
Address: _____
Phone Number: _____
Driver License No.: _____

6. Type of Business (describe full nature of all business engaged in, attach narrative description, printed material, etc., if necessary in order to more fully describe):

7. FOOD SERVICE ESTABLISHMENTS:

MUST SUBMIT APPROVAL FROM HOTEL & RESTAURANT DIVISION

- A. Total Number of Seats: _____
- B. Take-Out Service Provided? _____
- C. Counter Service Provided? _____
- D. Sales, Inventory Amount of Merchandise for Sale: _____

8. APARTMENTS, HOTELS & MOTELS (Complete one):

MUST SUBMIT LICENSE FROM HOTEL & RESTAURANT COMMISSION

- A. Apartments/Total Number of Units: _____
Manager Resides in Unit Number: _____
- B. Hotels/Total Number of Units: _____
Manager Resides in Unit Number: _____
- C. Motels/Total Number of Units: _____
Manager Resides in Unit Number: _____
- D. Swimming Pools/Number of Pools: _____

9. BARBER & BEAUTY SHOPS:

MUST SHOW LICENSE FROM STATE DEPT. OF PROFESSIONAL REGULATION

- A. Number of Chairs: _____
- B. Number Manicure Tables: _____
- C. Sales, Inventory Amount Merchandise for Sale: _____

10. Coin Operated Machines/List Total Number & Type of Machines:

11. Merchants/Retail:

Retail Amount of Merchandise for Sale (average value of all goods, merchandise. Wares. etc.)
\$ _____

12. Merchants/Wholesale:

Wholesale Amount of Merchandise/Investment:
\$ _____

13. Are you Importing? _____ Exporting? _____

From: _____ To: _____

14. Service Stations:

Number of Pumps: _____
Number of Repair Mechanics: _____
Accessories/Amount of Merchandise for Sale: \$ _____

15. Flight Simulator Training Center

- A. Number of Employees: _____
- B. Number of Simulators: _____

PLEASE SIGN AND HAVE NOTORIZED THE FOLLOWING:

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____

Print Name of Applicant: _____

Title of Applicant: _____

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Seal

Signature of Notary Public

Notary Print Name: _____

Personally known _____ or produced I.D. _____

Type of Identification Produced: _____

*** FOR OFFICE USE ONLY *** Date processed: _____

Application Approved: _____ Disapproved: _____ By: _____
Authorized Signature

Comments: _____

Received copy of Life Safety Inspection permit issued by Miami Dade County Fire Department?
(YES) _____ (NO) _____ Initial here: X _____

IMPORTANT: Cannot issue an LBT License for a new or renewed business if this is not received.

CODE: _____ AMOUNT: _____ RECEIPT# _____

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CODE: _____ AMOUNT: _____ RECEIPT# _____

TOTAL DUE: \$ _____



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 786-331-4619

miamidade.gov

Serving Unincorporated
Dade County and the
Municipalities of:

- Aventura
Bal Harbour
Bay Harbor Islands
Biscayne Park
Doral
El Portal
Florida City
Golden Beach
Hialeah Gardens
Homestead
Indian Creek
Islandia
Medley
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,

[Handwritten signature of Chief Manuel C. Mena]

Chief Manuel C. Mena
Fire Marshal

MCM

c: Control File

