

Town of Bay Harbor Islands

APPLICATION FOR BUSINESS TAX RECEIPT - APARTMENT RENTAL

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:		PHONE:
SS#:	FEIN:	DRIVER LICENSE:
BUSINESS NAME:		PHONE:
DOING BUSINESS AS (dba):		
APARTMENT ADDRESS:		
MAILING ADDRESS (if different)		
DESCRIPTION OF BUSINESS (provide details)		

ESTIMATED NUMBER OF EMPLOYEES: _____ 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: _____

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

Town of Bay Harbor Islands

APPLICATION FOR BUSINESS TAX RECEIPT - APARTMENT RENTAL

To be issued to (Name of Owner): _____

D/B/A (Name of Building): _____

Address of building: _____

Address of owner (if different from above): _____

Phone number of Owner: _____ (Home) _____ (Business)

Name and phone number of Superintendent of Manager, if any: _____

Other Contact Information: _____

NUMBER OF UNITS IN THE BUILDING		NUMBER OF ROOMS PER UNIT (excluding baths & kitchens)	NUMBER OF BATHROOMS OR TOILET FACILITIES INCLUDING BIDETS
1 Bedroom			
2 Bedrooms			
3 Bedrooms			
4 Bedrooms			
Efficiencies			
Studios			

Signature of Owner or Agent: _____ Date: _____

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: