



BTAX Number _____

Town of Medley
Local Business Tax Receipt
Renewal Application

**DO NOT use this form to change, business address, business name, change of use, or ownership.
You must submit a new application.**

Date: _____

1. Business Name: _____ DBA: _____

2. Business Phone Number: _____ Fax: _____

3. Email: _____

4. Business Address: _____ Zip Code: _____

5. Mailing Address: _____ Zip Code: _____

6. Non-Profit Organization: ☐ Yes ☐ No If Yes, Provide a copy of Non-profit documentation.

7. Number of Employees, including owner: _____

8. Number of Trucks/ Mobile Homes Parked: _____

9. Business Type: ☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Other(specify) _____

10. Property Owner/ Landlord Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

11. Business Owner

Manager(s) and or Emergency Contact

Name: _____

Name: _____

Phone: _____

Phone: _____

Restrictions: It is your responsibility to be aware of legal restrictions regarding your business that may be contained in the statutes, laws, codes, rules and regulations of the United States, the State of Florida, the County of Miami-Dade and the Town of Medley.

All contractors and sub-contractors are required to furnish a certificate of insurance showing the applicant to be insured for general liability coverage in the amount of no less than \$1,000,000 and property damage coverage of no less than \$500,000.

Permits are required for all SIGNS prior to installation. Contact the Building & Zoning Department to apply for a Sign permit.

Town of Medley Local Business Tax Receipt Dept. 7777 NW 72 Ave. Medley, Florida 33166

biztax@townofmedley.com