



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