



New Local Business Tax Application

Type of Business

New business Change of Owner
 Business Name Change Change of Address

Town of Medley

Local Business Tax Receipt Dept.
7777 NW 72 Avenue Medley,
Florida, 33166
biztax@townofmedley.com

1. Date of Application: _____
2. Name of Business: _____ DBA: _____
3. Business Address: _____ City: _____ State: _____ Zip: _____
 - a. Folio Number of Business Location: _____
4. Business Phone No: _____ Fax: _____ Other: _____
5. Mailing Address: _____ City: _____ State: _____ Zip: _____
6. E-mail & Website Address: _____
7. Federal Employer Identification Number: _____
8. Florida Sales Tax Number: _____
9. Non-for-Profit Organization: Yes No If Yes, Provide copy of Non-for-Profit documentation.
10. Number of employees, including owners: _____
11. Number of Trucks/Trailers Parked: _____
12. Business Type: Manufacturing Wholesale Retail Other (Specify) _____
If restaurant, number of seats: _____ Square footage of site: _____ No. of parking spaces: _____
13. Type of products sold or distributed and/or type of service performed:

14. List all hazardous materials (chemicals, etc...) that will be used or stored at this location: Yes No

15. Property Owner/Landlord Name: _____
 - a. Address: _____ City: _____ State: _____ Zip: _____
 - b. Phone: _____
16. Principals/Owner(s) of this business Manager(s) and/or Emergency Contact of this business
Name: _____ Name: _____
Phone: _____ Phone: _____
17. 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.
18. 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.
19. Permits are required for all SIGNS prior to installation. Contact the Building & Zoning Department to apply for a Sign permit.

Affidavit

I, _____, certify under penalties of perjury, that I have read the entire application and the above is correct.
(Print applicant name)

(signature)

Sworn to and Subscribed before me this _____ day of _____, 20 _____.

(Notary's signature and stamp)

Personally known to me:

Or Produced Identification Type: _____