



## 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](mailto: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. 

<b>Principals/Owner(s) of this business</b>	<b>Manager(s) and/or Emergency Contact of this business</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Phone:</b> _____	<b>Phone:</b> _____
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: \_\_\_\_\_