

Town of Medley  
7777 N.W. 72<sup>nd</sup> Avenue  
Medley, Florida 33166-2213



**Local Business Tax Receipt Dept**  
(305) 887-6913  
Fax (305) 887-6928  
[biztax@townofmedley.com](mailto:biztax@townofmedley.com)

*"The Perfect Location for Industrial Development"*

### Local Business Tax Receipt Notice

Due to the COVID-19 we are strongly encouraging our taxpayers and customers to conduct any Local Business Tax Receipt (LBTR) transaction including applying for or renewing your local business tax receipt by email. If you are requesting a change to an existing license contact our office via email at [biztax@townofmedley.com](mailto:biztax@townofmedley.com).

To pay the Local Business Tax Receipt you may pay over the phone, by email with a Credit Card Authorization Form, or by mailing in a check with the required documents.

A Local Business Tax Receipt is required for each place of business, and a LBTR is required for each of that businesses classified uses. If multiple businesses are operating in one location each business is required to obtain their own Local Business Tax Receipt.

The Town of Medley issues a Local Business Tax Receipt for every fiscal year, beginning October 1 expiring on September 30. (FS 205.053)

Once you receive your Local Business Tax Receipt, it must be prominently displayed at your place of business, in open view to the public.

Any further questions you may contact the following staff:

Niurka Castro: [ncastro@townofmedley.com](mailto:ncastro@townofmedley.com)

Veronica Martinez: [veromartinez@townofmedley.com](mailto:veromartinez@townofmedley.com)

Scarlett Urrego: [surrego@townofmedley.com](mailto:surrego@townofmedley.com)

Town of Medley  
Building & Zoning Department



7777 NW 72<sup>nd</sup> Avenue  
Medley, Florida, 33166  
Phone: 305-887-9541  
Fax: 305-887-6928

## Credit Card Payment Authorization Form

**Please note that there is a 3% service fee based on your total payment**

Date: \_\_\_\_\_

Please check credit card type

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Exact name as it appears in the credit card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yy)

Billing Zip Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### **License / ID Information** (Please fill out bottom portion, or submit a copy of driver's License/ ID)

Exact name as it appears on Drivers License/ ID \_\_\_\_\_

Driver's License / ID Number \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) Primary Phone Number: \_\_\_\_\_

Please send this credit/ debit card payment form and supporting documents to:

Town of Medley Attn: Building & Zoning Department

Fax: (305) 887- 6928 or [building@townofmedley.com](mailto:building@townofmedley.com)

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Local Business Tax Receipt Dept.  
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**According to your type of business please submit the following with the Local Business Tax Receipt (LBTR) application:**

**Renewal:**

**Restaurants/ Cafeterias/ Convenient Stores/ Markets:**

1. Copy of Agriculture Division of Food Safety
2. Copy of Agriculture Division of Alcohol & Tobacco License

**Contractors & Engineers:**

1. Copy of State License

**Seafood Companies/Food/beverage companies (Including any usage of Alcohol)**

1. Copy of the Health Department Inspection. (Agriculture Division of Food Safety and/or Division of Alcohol & Tobacco)

**Trailer Parks**

Renewal fees are calculated annually, there is a \$75.00 renewal fee plus \$2.50 additional per trailer. Must contact building department every year for license fee.

**Helpful Agencies**

- |                                                                   |                |
|-------------------------------------------------------------------|----------------|
| 1. Agriculture Department Consumer Services                       | (305) 639-3500 |
| 2. Division of Hotels & Restaurants for prepared food inspections | (850)-487-1395 |
| 3. Miami Dade County Local Business Tax Receipt (LBTR)            | (305)-270-4949 |
| 4. Miami Dade Fire Department (Life Safety Inspection)            | (786)-331-4800 |
| 5. State of Florida Sales Tax number                              | (305)-470-5001 |



**Town of Medley**  
**Business Tax Receipt (LBTR) Application**

**Type of Business**

\_\_ New \_\_ Renewal \_\_ Change of Owner  
\_\_ Business Name Change \_\_ Change of Address

**FOR OFFICE USE ONLY**

Payment Date: \_\_\_\_\_  
Fee: \_\_\_\_\_ Cash: \_\_\_\_\_  
Penalty: \_\_\_\_\_ Check: \_\_\_\_\_  
Total: \_\_\_\_\_ CC: \_\_\_\_\_  
License#: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

1. Date of Application: \_\_\_\_\_
2. Name of Business: \_\_\_\_\_ DBA: \_\_\_\_\_
3. Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_
4. E-mail & Website Address: \_\_\_\_\_
5. Federal Employer Identification Number: \_\_\_\_\_
6. Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - a. Folio Number of Business Location: \_\_\_\_\_
7. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
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  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Manager(s) and/or Emergency Contact of this business  
Name: \_\_\_\_\_ 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  
(Print applicant name) (Print Title)  
the above stated information is true and correct. \_\_\_\_\_ (signature)

Sworn to and Subscribed before me by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as  
identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary's signature and stamp)

Town of Medley  
Local Business Tax Receipt Dept.  
biztax@townofmedley.com



7777 NW 72<sup>nd</sup> Avenue  
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Phone: 305-887-9541  
Fax: 305-887-6928

Ref: Alarm Registration Renewal Notice

Since October 1, the Town of Medley has enacted Alarm Registration Ordinance #C-302. If your location is protected by an alarm system you **MUST** register the alarm with the town.

Please complete the attached form and immediately forward it to the LBTR Department with a payment of \$50.00 if it's a **new** alarm registration application or \$35.00 if it's a **renewal** of an existing alarm registration form.

Remember that your Local Business Tax Receipt renewal and your Alarm Registration renewal are both due with the proper fees no later than September 30. If we receive payments and forms after September 30 in accordance to a Florida Statute a late fee will be added.

Should you have any questions, please feel free to contact us at (305) 887-9541.

Sincerely,

Town of Medley

Local Business Tax Receipt Dept.



# Town of Medley

*"The Perfect Location for Industrial Development"*

## Alarm Registration Form C-302

Local Business Tax Receipt Dept

7777 NW 72 Avenue

Medley, Florida, 33166

Office: 305-887-9541

Fax: 305-887-6928

biztax@townofmedley.com

Please check one: ☐ New ☐ Renewal

You must notify your Alarm Company of the  
Valid Permit Number for Police Response

### Location of Property for Police to Respond

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Mailing Address (if not the same as above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Office Use Only

Date: \_\_\_\_\_ Clerk: \_\_\_\_\_

Decal No: \_\_\_\_\_

LBTR No: \_\_\_\_\_

#### Fees

#### Payment Type

Alarm Fee: \_\_\_\_\_ Cash: \_\_\_\_\_

Late Fee: \_\_\_\_\_ Check: \_\_\_\_\_

Total: \_\_\_\_\_ CC: \_\_\_\_\_

### Business Applicants Only: Name, Address, & Phone # of Landlord, If any.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Alarm Company Servicing Alarm System

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

First time Alarm Permit Registration Fee \$50.00 for each Alarm account, Renewal fee \$35.00 for each Alarm.

- And is subject to the following penalty schedule after October 1

- October 1, 10% = \$38.50
- November 1, 15% = \$40.25
- December 1, 20% = \$42.00
- January 1, 25% = \$43.75

Mail or deliver your completed application with the above fee to the Local Business Tax Receipt Dep. at the above address. You will receive a new yearly decal sticker to be placed on the top right corner of your front door. Make your check or money order payable to: The Town of Medley.

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## **Notice of Required Inspections**

**(Pressure Vessels, Boilers, Hot Water Heaters, Etc.)**

### **To All Town of Medley Businesses**

As per the Section 8-11 of the Miami Dade Municipal Code all pressure vessels within the limits of the Town of Medley must be inspected.

Pressure vessels as per FMC- Chapter 2 are defined as *"Closed containers, tanks or vessels that are designed to contain liquids or gasses, or both, under pressure"*. A list of vessels is found at the bottom of the attached application. You are required to submit the attached application for inspection of pressure vessels that is located at your business premises. The charge for this inspection is **\$75.00 per vessel** and must be paid with the completed form for each vessel.

The inspection will consist of a visual check of the pressure vessel, the area where it is located, and any mechanical devices attached. If any pressure vessels or any mechanical devices attached are found to be defective, a licensed contractor must make the appropriate repairs and obtain the proper permits from the Town of Medley if applicable. For work exempt from permit and emergency repairs, please refer to Florida Mechanical Code - *Section 105.2*.

**Note:** High pressure boilers must be inspected every six (6) months. Low pressure boilers must be inspected every twelve (12) months. For additional pressure vessel requirements and more information, please refer to the Miami-Dade Code of Ordinances, *Section 8-11*.



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**Office Use Only**

Fee: \$75.00      Date: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Check #: \_\_\_\_\_  
CC #: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
LBTR #: \_\_\_\_\_

**Application for Certificate of Inspection**  
**for Boilers & Pressure Vessels**

(One form per vessel)

Please fill out one application per pressure vessel and return it with a check in the amount of the \$75.00 payable to the Town of Medley for each vessel.

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Pressure Vessel: \_\_\_\_\_  
Manufacturer's Name: \_\_\_\_\_ Age of Pressure Vessel: \_\_\_\_  
Is the Pressure Vessel a High Boiler: \_\_\_\_\_ Low Pressure Boiler: \_\_\_\_\_  
Service Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last date serviced: \_\_\_\_\_ Results: \_\_\_\_\_

(1) A Certificate of Inspection for a high-pressure boiler shall be for a period of not more than 6 months. (2) A Certificate of Inspection for a low-pressure boiler shall be for a period of not more than 12 months. A Certificate of Inspection is required if any of the following criteria is met or exceeded: A heat input capacity of 200,000 BTU/h (58.6 kW); a water temperature of 200° F (93° C); a nominal water capacity of 120 gallons (454 l). (3) A Certificate of Inspection for an unfired pressure vessel (operating at pressures in excess of 60 PSI and having a volume of more than 5 cubic feet) shall be for a period of not more than 12 months. (4) A Certificate of Inspection may, at the discretion of the Building Official, be for a shorter period or such certificate may be rescinded and tests be ordered at any time when in the opinion of the Building Official, a condition exists making such retesting or reinspection desirable in the interest of safety. (5) A Certificate of Inspection shall be posted in a conspicuous location to the operator.

**Inspector Use Only**

Date Inspected: \_\_\_\_\_  
Inspector Name: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_