

# **SAMPLE PACKET**

In this packet, you will find samples of the required documents that must be submitted together, at the same time.

Please ensure your documents are organized in the same order as this packet.





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

**FOR OFFICE USE ONLY**

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

1. Date of Application: \_\_\_\_\_
2. Name of Business: **MY BUSINESS INC** DBA: \_\_\_\_\_
3. Business Address: **123 MAIN STREET** City: **MEDLEY** State: **FL** Zip: **33166**
  - a. Folio Number of Business Location: **22-2222-222-2222**
4. Business Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_ same \_\_\_\_\_ 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: \_\_\_\_\_





# Town of Medley Certificate of Use Application

## FOR OFFICE USE ONLY

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

Payment Type: \_\_\_\_\_ Fee: \$125.00

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

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

License#: \_\_\_\_\_

### Submit To:

License Department

7777 NW 72<sup>nd</sup> Avenue

Medley, Florida, 33166

Telephone: (305) 887-6913 / (305) 887-9541

[biztax@townofmedley.com](mailto:biztax@townofmedley.com)

There Is A One Hundred Twenty Five Dollar (\$125.00) Fee (Check Payable To "Town Of Medley") For The Processing Of The Application For A Certificate Of Use.

Name of Business: \_\_\_\_\_

Proposed Location: \_\_\_\_\_

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

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Folio Number: 22-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Building Square Footage: \_\_\_\_\_

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

Nature of Business: (Give Brief Description of Type of Business Being Conducted or Proposed; Type of Merchandise To Be Carried Or Nature Of Services To Be Rendered). \_\_\_\_\_

Number of Employees \_\_\_\_\_

Are You Sharing Space With Another Business? ☐ Yes ☐ No (If Yes, Attach Copy of Current Certificate of Use)

Permit/Application Number (If There Was Alteration, Expansion, Establishment of Use or New Construction) \_\_\_\_\_

I Affirm the Information Given Herein Is True and Correct

X \_\_\_\_\_

Applicant Signature

Date

### To Be Completed By Zoning Division Only

Use Classification: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Required Zoning: \_\_\_\_\_

Prior Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Number of Parking Spaces Required: \_\_\_\_\_ Number Of Parking Spaces Provided \_\_\_\_\_

Restrictions: \_\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved For Certificate by: \_\_\_\_\_

Conditions: \_\_\_\_\_

Denied for Certificate by: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_





MIAMI-DADE COUNTY  
APPROVAL OF MUNICIPAL APPLICATION  
FOR CERTIFICATE OF USE OR BUSINESS LICENSE

FOLIO:  
ZONING DISTRICT:  
MUNICIPAL APPLICATION NO:

CERT NO:  
DATE OF ISSUANCE:  
PROCESS NO:

THIS APPROVAL MUST BE POSTED ON PREMISES

CORP NAME / DBA:  
BUSINESS ADDRESS:  
BUSINESS USE:  
USE SPECIFICS:  
LEGAL DESCRIPTION:

-----CONDITIONS-----

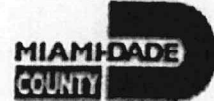
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MIAMI-DADE FIRE RESCUE DEPARTMENT  
FIRE PREVENTION DIVISION  
9300 NW 41ST STREET  
MIAMI, FLORIDA 33178

## PERMIT

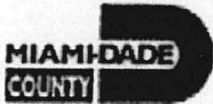


Below is the Annual Operating Permit issued by the Miami-Dade Fire Rescue Department.

Should you have any questions regarding this permit, please contact the Fire Prevention Division at (786) 331-4800

**PERMIT #:**

(Please cut along dotted line and post permit in your place of business)



**PERMIT CERTIFICATE**  
MIAMI-DADE FIRE RESCUE DEPARTMENT  
ANNUAL OPERATING PERMIT

**PERMIT #:**

**PERMIT EXPIRES LAST DAY IN THE  
MONTH OF:**

**Business Name:**

**Business Owner / Rep:**

**Billing Address:**

**Location Address:**

This Permit is issued in accordance with Article III, Section 14-53, of the code of Miami-Dade County and the South Florida Fire Prevention Code under conditions set forth herein. Violations of the aforementioned will be grounds for immediate revocation.



**Permit Authorized by:**

A handwritten signature in black ink, appearing to read "A. R. Cominsky".

**Chief Alan Cominsky, Fire Marshal  
Miami Dade Rescue Department**



*\*if applicable\** →

Required for:  
Beverage storage and/or distribution  
Cafeterias  
Convenience Stores  
Food (prepackaged or otherwise) storage and/or distribution  
Markets  
Restaurants  
Seafood processing and/or distribution



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety

**ANNUAL FOOD PERMIT**

Chapter 500, Florida Statutes  
Rule Chapter 5K-4.020 Florida Administrative Code  
1 (800) HELP FLA | www.FDACS.gov

PERMIT TYPE:  
PERMIT NUMBER:  
FOOD ENTITY NUMBER:

PERMITTED LOCATION ADDRESS:

The Annual Food Permit is attached below.

The attached permit will expire on December 31, 2021

This annual food permit must be detached and shall be displayed in a conspicuous location at your food establishment. Failure to conspicuously display the permit may result in administrative action for violation of 5K - 4.020, F.A.C.

**This permit is non-transferrable.**

The renewal fee for all food permits shall be the same as the food permit fee required by subsection 5K-4.020(4), F.A.C., and shall be due annually by January 1. A Food Establishment will be assessed a \$100 late fee in accordance with Chapter 500, F.S., if its renewal fee is received by the Department after January 30. This fee is in addition to the food permit fee required by subsection 5K-4.020(4), F.A.C.

It is the business owner's responsibility to ensure the accuracy of their account. Updates to the owner contact information, email, and mailing addresses can be made at <https://foodpermit.fdacs.gov> or at 1-800- HELP FLA (1-800-435-7352).

FDACS-14414 Rev 05/20



NICOLE "NIKKI" FRIED  
COMMISSIONER

Department of Agriculture and Consumer Services  
Division of Food Safety

**ANNUAL FOOD PERMIT**

Chapter 500, Florida Statutes  
1 (800) HELP FLA | www.FDACS.gov

**2021**

PERMIT TYPE:  
FOOD ENTITY NUMBER:

LOCATION:

OWNER:

**EXPIRATION DATE: December 31, 2021**

This permit must be conspicuously displayed at permitted location and is not transferable. Rule 5K - 4.020(2) and 5K - 4.020(4)(a) F.A.C.

**LEASE**

**SAMPLE**

# **Articles of Incorporation**

SAMPLE



**Copy of business  
owner's  
ID/Driver's  
license**

SAMPLE