



**CITY OF AVENTURA  
COMMUNITY DEVELOPMENT DEPARTMENT  
DIVISION OF BUSINESS TAX RECEIPTS**

**LOCAL BUSINESS TAX RECEIPT AND CERTIFICATE OF USE INSTRUCTIONS**

All business owners in the City of Aventura are required to have a Certificate of Use and a Local Business Tax Receipt before opening their business. Please complete the following and submit either by mail, e-mail or in person. Office Hours: 8:00 a.m. and 3:30 p.m. Monday – Friday.

**We do not accept applications by fax, corrected with white-out or photographs as a form of scan.**

1. **Local Business Tax Receipt Application:** The application must be fully completed and notarized.
2. **Certificate of Use Application:** The application must be fully completed and notarized.
3. **Merchants Inventory Affidavit:** Only Retail and Wholesale merchants must complete and notarize the enclosed affidavit. The affidavit must be fully completed and notarized.
4. **Copy of Executed Lease or Recorded Warranty Deed**
5. **Copy of FEIN Corporate Document:** Issued by the [Internal Revenue Service \(IRS\)](#)
6. **Copy of Florida Corporate Documents:** Issued by the [State of Florida Division of Corporations](#)
7. **Copy of Fictitious Name Affidavit:** or a written statement signed by the applicant, stating the reason they need not comply with the Fictitious Name Act.
8. **Copy of State License:** If applicable – certain business classifications do not require a state license.
9. **Copy of Fire Approval Report:** Please call (786) 331-4800 to schedule an inspection.
10. **Copy of Miami-Dade “RER” Approval:** Obtain approval from the Miami Dade County Department of Regulatory & Economic Resources. Complete section 1 of the enclosed Municipal Certificate of Use form. Submit the Municipal Certificate of Use Application along with all other requirements here in. We will then complete section 2 and return it to you along with a link for you to apply for the approval with the Department of Regulatory & Economic Resources.
11. **Copy of Medical Waste Removal:** Only medical offices must show proof of additional waste pick-up.
12. **Copy of Health Inspection:** Any establishment preparing/selling food is required to submit this report.
13. **Fees:** After all required reviews and inspections are approved your application will be ready for payment. Please do not send the payment until everything is approved. The Certificate of Use fee is \$35.00 and the Local Business Tax is assessed based upon Chapter 18 of the City of Aventura Municipal Code of Ordinances.

**Questions or Concerns?** Please call (305) 466-8942 or E-mail [BTR@cityofaventura.com](mailto:BTR@cityofaventura.com)

**If you've been issued a Notice of Warning by the City for not having a Local Business Tax Receipt, your full application needs to be submitted within 30 working days from the violation date to avoid incurring an additional violation fee.**



# CITY OF AVENTURA COMMUNITY DEVELOPMENT DEPARTMENT APPLICATION FOR CERTIFICATE OF USE

**PURSUANT TO AVENTURA CITY CODE SEC 18-34(a)**, A certificate of use shall be required prior to the issuance of any new local business tax receipt. The fee for such certificate of use is \$35.00. The original certificate of use must be posted at the business location at all times. Failure to comply with conditions can result in the certificate being revoked.

### BUSINESS OWNER INFORMATION

Business Entity Name (CORP/LLC) _____		Doing Business As (Fictitious Name) _____		
Business Address (Aventura Address) _____	Suite _____	City _____	State _____	Zip Code _____
Mailing Address _____	Suite _____	City _____	State _____	Zip Code _____
E-mail Address _____	Federal Employer ID NO. _____	Business Phone No. _____		

### LOCATION INFORMATION

I acknowledge, accept, and agree to comply with any conditions of approval, which were agreed to in the form of Zoning Resolutions or Deed Restrictions on said property. The zoning use on said property shall not be changed unless a new Certificate of Use, which allows such changed use, is first obtained from the City of Aventura Community Development Department. I hereby agree to abide by all zoning and building regulations.

Zoning District _____	Original Permit No. _____ <i>(if applicable)</i>	Folio No. _____	Property Owner's Name _____ <i>(if different from Business Owner)</i>
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### BUSINESS INFORMATION

In consideration of the issuance of a **Certificate of Use** for the following specific permitted use, the undersigned, Owner(s) or Lessee(s) of the property herein described, hereby agrees and binds myself, or ourselves, and my, or our heirs, successors and assigns that the only business to be conducted on the hereinafter legally described property will be:

Commercial Vehicles Stored Here?  Yes  No *(mark one)* Existing/Proposed Signage?  Yes  No *(mark one)*

Business Type _____	Business Sub-Type _____	Previous Occupant/CU No. _____	Previous Business Type _____
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### Above describe in detail the nature and type of business to be conducted on the premises

This agreement is hereby made and accepted as a condition of the issuance of the above-mentioned Certificate of Use. It is further understood and agreed that this agreement shall remain in full force and effect, and be binding upon the undersigned, their heirs, successors and assigns until such time as the same may be released in writing by the City Manager or his designee.

Business Owner/Corporate Officer Name _____	Business Owner/Corporate Officer Signature _____	Date _____
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STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of  physical presence or  online notification, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is:

Personally Known to me, or  Produced Identification Type of identification produced \_\_\_\_\_

**Notary Stamp:**

\_\_\_\_\_  
Signature of Notary Public

<b>OFFICE USE ONLY</b>	BTR No. _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE _____
	Reviewer _____	Comments, Conditions & Limitations: _____	
	Zone _____	_____	
	Class _____	Zoning Approval Signature _____	



# CITY OF AVENTURA COMMUNITY DEVELOPMENT DEPARTMENT LOCAL BUSINESS TAX RECEIPT APPLICATION

**PURSUANT TO AVENTURA CITY CODE SEC 18-31(A), CITY OF AVENTURA, I HEREBY MAKE AN APPLICATION FOR:**

- New Business     New Home Occupation Business     Add New Professional to an Existing Business
- Location Transfer     Ownership Transfer     Other (specify) \_\_\_\_\_

**ONLY IF TRANSFERING LOCATIONS OR OWNERSHIP WITHIN THE CITY OF AVENTURA:**

From Aventura Business Name/Address: \_\_\_\_\_

To Aventura Business Name/Address: \_\_\_\_\_

### BUSINESS INFORMATION

Select the legal form of your business:     Corporation     Partnership     Sole Proprietorship

Business / Professional's Name \_\_\_\_\_

Doing Business As (Fictitious Name) \_\_\_\_\_

Business Address (Aventura Address) \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Business Phone No. \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

Corporation / Owner's Name \_\_\_\_\_ Federal Employer ID No. \_\_\_\_\_ Square Feet \_\_\_\_\_

**BUSINESS TYPE** (Please indicate what products will be sold or what services rendered)

**Maximum Number of:**    Seats \_\_\_ Tanning Units \_\_\_ Room/Apartments \_\_\_ Vehicles \_\_\_ Vending Machines \_\_\_ Boat Slips \_\_\_

If you are sharing space with another Aventura Business / Professional, you must provide the current:

Name of Business \_\_\_\_\_ Aventura Business Tax No. \_\_\_\_\_

IT IS YOUR RESPONSIBILITY, AS THE TENANT OR OWNER OF THE BUSINESS; TO OBTAIN ALL NECESSARY APPROVALS AND MAKE SURE THE CERTIFICATE OF USE AND OCCUPANCY IS PAID FOR AND ISSUED, PRIOR TO OCCUPANCY. IT MUST BE POSTED ON PREMISES AT ALL TIMES. FINES WILL BE ASSESSED FOR FAILURE TO OBTAIN THE CERTIFICATE PRIOR TO OCCUPANCY. I AFFIRM THAT THE INFORMATION GIVEN ON AND WITH THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AUTHORIZED TO REPRESENT THE FIRM IN ALL MATTERS CONNECTED WITH THIS BUSINESS. ANY INTENTIONAL MISREPRESENTATION ON THIS APPLICATION COULD RESULT IN THE REVOCATION OF THE CERTIFICATE OF OCCUPANCY AND/OR POSSIBLE ACTION BEING INITIATED AGAINST THE BUSINESS.

Business Owner/Professional's Name \_\_\_\_\_ Business Owner/Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of  physical presence or  online notification, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is:

Personally Known to me, or  Produced Identification    Type of identification produced \_\_\_\_\_

**Notary Stamp:**

\_\_\_\_\_  
**Signature of Notary Public**

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED    DATE _____
	BTR No. _____    Comments, Conditions & Limitations: _____
	Reviewer _____    _____
	_____

# MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE

<p><i>*Section 1 &amp; 2 must be completed prior to submittal for review accompanied with the municipal application along with the payment of the initial review fee. Submittal of application may result in further reviews and additional fees incurred.</i></p>	DATE
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**SECTION 1 – BUSINESS INFORMATION (to be completed by Applicant)**

SITE/BUSINESS ADDRESS	UNIT/SUITE#	PROPERTY TAX FOLIO NUMBER	
BUSINESS OWNER NAME	BUSINESS NAME OR DBA		
MAILING ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBER	E-MAIL	
SQUARE FOOTAGE OF UNIT(S):	PROPOSED USE/TYPE OF BUSINESS		
<i>Please note that a lease agreement may be requested to verify square footage.)</i>	<i>Please note that some business types may require a DERM Operating Permit. To determine if your business requires an operating permit(s), please see page 2 of this application.</i>		

Signature of applicant confirms the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued.

PRINT NAME	SIGNATURE
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**SECTION 2 – MUNICIPAL INFORMATION (to be completed by Municipal Official or Staff)**

MUNICIPAL CERTIFICATE OF USE APPLICATION NUMBER	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
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Was a building permit required to establish/expand the current proposed use?     YES     NO    *If Yes, provide the following:*

MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER
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MUNICIPAL OFFICIAL PRINT NAME	TITLE
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SIGNATURE	TELEPHONE NUMBER
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**Please note that if your business type is not listed below it may not exempt you from the requirement of obtaining an operating permit.** To obtain a copy of the specific operating permit application, please visit our website at <http://www.miamidade.gov/permits/> or to verify if you require an operating permit contact us at (786) 315-2800.

TYPE OF BUSINESS / SPECIFIC USE	REQUIRED OPERATING PERMIT(S)
Agricultural Packing Houses	AW
Air Conditioning Repair	AP (if coating or painting) and IW5
Aircraft Dismantling, Maintenance, Repair	AP and IW or IW5 or IWP
Animal Grooming/Kennels	IW5
Animal Hospital/Clinic	IW5
Asphalt Plants	AP <b>and</b> IW <b>or</b> IW5
Automotive Repair	IW5
Boat Manufacturing	AP <b>and</b> IW5
Boat Repair, Maintenance	AP <b>and</b> IW5 <b>and</b> MOP
Body Shops with Painting	AP <b>and</b> IW5
Carpentry Shop	AP and IW5
Chemical Manufacturing	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Chemical or Medical laboratory	AP <b>and</b> IW5
Concrete Batch Plants	AP <b>and</b> IW5
Crematories (Human or Animal)	AP
Doctors and Dentist with X-ray Developing	IW5 <b>and</b> One-Time Compliance Report for Dental Dischargers (40 CFR 441.50)
Dry Cleaners	AP (if using perchloroethylene "PERC") <b>and</b> IW5
Food Processing Facilities	AP <b>and</b> GDO <b>or</b> IWP
Funeral Homes with Embalming	AP (if cremations conducted on-site) and IW5
General – businesses that use, handle, store or generate hazardous materials or hazardous waste	IW5
General – businesses inside wellfield protection areas and served by septic tank systems	IW6
General – businesses requiring handling, purchase or sale refrigerants containing ozone-depleting compounds	APCF
General – businesses that use a potable water supply well	PWO
General Construction Contractor	IW5
Industrial Facilities	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Industrial/Commercial Laundry	IW <b>or</b> IW5 <b>or</b> IWP
Junkyards	AP <b>and</b> IW5
Machine Shop	AP <b>and</b> IW5
Marinas	AP <b>and</b> MOP
Metal Finisher	AP <b>and</b> IWP
Pharmaceutical Manufacturing	AP <b>and</b> IWP
Photographic Film Processing	IW5
Plastics Manufacturing	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Powder Coating	AP <b>and</b> IW5 <b>or</b> IWP
Precious Metals Handling	AP <b>and</b> IW5
Print Shop	AP <b>and</b> IW5
Resource Recovery/Scrap Metal Facilities	AP <b>and</b> SW
Restaurants/Food Service Establishments	GDO
Rock Mining Operations	AP (if crushing activities on-site) <b>and</b> IW5
Silk Screening	AP <b>and</b> IW5
Stone Cutting	IW5
Tire Sales and Related Services	IW5
Transmission Repair Shop	IW5
Transporters of Liquid Wastes and Hazardous Materials	LW

**Operating Permit Abbreviation Key:**

AP – Air Operating Permit  
 APCF – Stratospheric Ozone Protection  
 AW – Agricultural Waste

GDO – Grease Discharge  
 IW5 – Industrial Facility  
 IW6 – Wellfield Protection

IW – Industrial Facility  
 IWP- Industrial Waste Pretreatment  
 LW – Liquid Waste Transporters

MOP – Marine Facility  
 PWO – Potable Water Supply  
 SW – Solid Waste



CITY OF AVENTURA
COMMUNITY DEVELOPMENT DEPARTMENT
MERCHANT INVENTORY AFFIDAVIT

Year: \_\_\_\_\_

THIS AFFIDAVIT MUST BE FILLED OUT AND RETURNED TO THE COMMUNITY DEVELOPMENT DEPARTMENT. OUR OFFICE REQUIRES THIS UPDATE INFORMATION EACH YEAR IN ORDER TO DETERMINE THE PROPER LOCAL BUSINESS TAX FOR YOUR BUSINESS FOR THE FORTH COMING FISCAL YEAR.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, PERSONALLY APPEARED \_\_\_\_\_
AND ATTESTED TO THE FOLLOWING:

- 1. NAME OF BUSINESS: \_\_\_\_\_
2. BUSINESS ADDRESS: \_\_\_\_\_
3. BUSINESS TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
4. BUSINESS EMAIL ADDRESS: \_\_\_\_\_
5. COMPLETE CORPORATE NAME (IF APPLICABLE): \_\_\_\_\_
6. FEDERAL EMPLOYER I.D. NO: \_\_\_\_\_ SALES TAX NO: \_\_\_\_\_
7. THE OWNER(S) OF THE BUSINESS:

NAME HOME ADDRESS

TELEPHONE NO.

NAME HOME ADDRESS

TELEPHONE NO.

- 8. FULL NATURE OF BUSINESS: \_\_\_\_\_
9. THAT THE BUSINESS IS A RETAIL AND/OR WHOLESALE BUSINESS WHICH IS IN THE BUSINESS OF SELLING GOODS OR MERCHANDISE ON A RETAIL AND/OR WHOLESALE BASIS.
10. THAT THE FOLLOWING IS A REPORT OF THE PREVIOUS YEAR FIGURES OR IF A NEW BUSINESS PROJECTED FIGURES FOR THE UPCOMING YEAR, FOR THE ABOVE DESCRIBED BUSINESS, OF THE COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR COST VALUE OF CONSIGNED MERCHANDISE. IF THE BUSINESS IS NEW OR HAS BEEN IN EXISTENCE FOR LESS THAN ONE YEAR USE PROJECTED FIGURES FOR THE UPCOMING YEAR. YOU MAY USE FISCAL OR CALENDAR YEARS.

COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR CONSIGNED MERCHANDISE \$ \_\_\_\_\_

CERTIFICATION

I HEREBY CERTIFY, UNDER OATH, THAT THE INFORMATION AND VALUATIONS STATED ABOVE BY ME ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF PREPARED BY SOMEONE OTHER THAN THE OWNER OF THE BUSINESS OR HIS AUTHORIZED DESIGNEE, HIS/HER DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAD ANY KNOWLEDGE.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC PRINT, TYPE, OR STAMP NAME OF NOTARY

STATE OF: MY COMMISSION EXPIRES:

- PERSONALLY, KNOWN TO ME, OR
PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION \_\_\_\_\_



**City of Aventura  
Community Development Department  
19200 West Country Club Drive  
Aventura, Florida 33180  
(305) 466-8942**

**FICTITIOUS NAME AFFIDAVIT**

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:

- Doing business under my legal name
- Business is incorporated and registered with the Secretary of State
- Business name is a registered trademark
- Exempt due to being licensed by DBPR
- Federally chartered Bank
- Other \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_