

PLANNING & ZONING DEPARTMENT OCCUPATIONAL LICENSE DIVISION LOCAL BUSINESS TAX RECEIPT APPLICATION

ΑF	PLICATION							
Na	me of Business:			Owner Name:				
D.B.A.:						F.E.I. Number:Business Telephone:		
	Zip Code:					E-Mail:		
Ma	iling Address (if different from Busii	ness Addres	s):					
	Unit No.: Cit	у		State		Zip Code:		
Ple	ase indicate what products will be s	old or servi	ces reno	dered:				
GE	ENERAL INFORMATION							
Ins	tructions: Please fill in the appropria	ite response	to eacl	h question	ı .			
1.	What is the gross floor area of the business facility? square feet Please provide a copy of your lease agreement to verify square footage.							
2.	What is the number of employees including owners and management?					employees		
4.	What is the number of coin operated machines at location? (i.e. cigarette, soda, washer, drier, etc.) machines Please provide a completed application for coin operated machines.							
5.	If Eating Establishment what is the number of seats seats							
6.	What is the number of units?						units	
7.	NAICS CODE May be viewed and downloaded a	t www.cens	us.gov/e	epcd/naics(02/naicoc	 l02.htm		
W	ILL THIS BUSINESS							
1.	Join an existing office?	Yes	0	No	0			
2.	Operate from a home? If Yes, provide a completed Ho	Yes ome Occuj	o pation t	No form.	0			
3.	Require state licensing?	Yes	0	No	0			
4.	Any work or alterations? If Yes, describe the work.	Yes	0	No	0			
5	Not-For-Profit Organization?	Yes	0	No	o If Y	es provide a copy of not-for	-nrofit documentatio	

AFFIDAVIT								
		heing du	, (Owner, Parti	ner, Officer, Repres	sentative or Agent)			
execute this ap	oplication for the purpos	es of obtaining a	Certificate of Use from	the City of Doral.				
Signature				Sworn to and subscribed before me this day of, 20				
Print Name an	d Title		Notary Public	Notary Public, State of Florida				
Telephone			-	My Commission Expires:				
FOR OFFICE	USE ONLY – DO NOT	COMPLETE						
	Approved By	Date	Rejected By	Date				
Zoning								
DERM								