

Town of Bay Harbor Islands

APPLICATION FOR BUSINESS TAX RECEIPT - HOME

PRINT OR TYPE ALL INFORMATION REQUESTED

PROCESSING FEE - \$25.00

BEFORE OPENING A BUSINESS IN BAY HARBOR ISLANDS MAKE SURE YOU CHECK WITH THE BUILDING DEPARTMENT FOR CERTAIN CONDITIONS THAT MAY APPLY TO THE BUSINESS OR LOCATION.

EXAMPLE: Change of Use and Occupancy Inspections
 Fire Department Inspections
 Sign Regulations

(For official use only)	
DATE RECEIVED: _____	
DATE ISSUED: _____	LICENSE FEE: \$ _____
ACCT. NO. _____	LICENSE NO. _____
CLASSIFICATION: _____	

INDICATE TYPE OF OWNERSHIP OF BUSINESS: Individual Corporation Partnership Other _____

*APPLICANT:		DATE OF BIRTH:
E-MAIL:		WORK PHONE:
SS#:	FEIN:	DRIVER LICENSE:
BUSINESS NAME:		CELL PHONE:
DOING BUSINESS AS (dba):		
BUSINESS (HOME) ADDRESS:		
MAILING ADDRESS (if different)		
DESCRIPTION OF BUSINESS (provide details)		

ESTIMATED NUMBER OF EMPLOYEES: _____

ATTACH THE FOLLOWING DOCUMENTS:

- CERTIFICATIONS ISSUED BY STATE/COUNTY AGENCIES
- COPY OF ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION
- LIST OF CORPORATE OFFICERS (Including Name, Address and Telephone Numbers)
- COPY OF LEASE (IF APPLICANT IS OTHER THAN OWNER)
- IF PROPERTY OWNER, PROVIDE COPIES OF DEED OR OTHER DOCUMENTS SHOWING OWNERSHIP
- SKETCH OR FLOOR PLAN OF WORK AREA (indicate square footage)

LIST NAME, ADDRESS AND TYPE OF BUSINESS (both current and previous) YOU HAVE OPERATED:

LIST THREE (3) REFERENCES: (Note if you list a bank, corporation, etc. include name of a contact person)

NAME	ADDRESS	PHONE

I understand that in applying for a business license in the Town of Bay Harbor Islands it is my obligation to understand and comply with the rules and regulations of the Town of Bay Harbor Islands. I acknowledge receipt of a copy of the Town's sign regulations, if applicable.

APPLICANT'S SIGNATURE _____ DATE: _____

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
 PLEASE BE SURE TO ATTACH ALL REQUIRED DOCUMENTATION**

Town of Bay Harbor Islands

BUSINESS TAX - HOME OCCUPATIONS

(To be completed by applicant in addition to Business Tax Receipt Form)

1. Are you a permanent domiciliary resident of the dwelling unit? _____
2. Indicate below the total floor area of your home/apartment and the amount of floor area to be devoted to home occupation (excluding porches, garages, carports and other areas which are not considered living areas).
Total floor area _____ sq. ft. Area devoted to home occupation _____ sq. ft.
Attach a floor plan drawing of the entire residence, showing the area to be used for the home occupation and storage of inventory (see below, #3).
3. "INVENTORY" is defined as merchandise, stock in trade or goods of any nature, the purpose of which are to be sold, assigned and physically transferred or delivered to customers, clients and/or patrons of said business.
_____ cubic feet are anticipated for storage of inventory (indicate area on drawing).
4. Given the nature of the proposed business, excluding facsimile machine, telephone and/or postal transactions, will goods or services be provided, sold or transferred to a customer, consumer or client on the premises of a home occupation? Yes No
5. Do you anticipate that any client or customer will need to enter your home occupation premises? Yes No
If yes, for what purpose _____

6. At any given time, how many clients/customers would you anticipate being on your premises? _____ How many per day? _____
7. How many deliveries of any kind do you expect to be made to the premises of this proposed home occupation? _____

I understand and agree that there is to be no external evidence of the existence of the home occupation; signs, displays on the premises, off-street parking areas or on driveways are prohibited; stationery, business cards and media advertisement are permitted but the **residential address** shall not be utilized on any of the foregoing.

I further understand and agree that this proposed home occupation shall not create noise, glare, fumes, odors, dust, smoke, electro-magnetic disturbances or waste and trash other than normal household trash and normal recyclables; no equipment or processes shall be used which create visual or audible interference in any radio or television receiver located nearby; and no explosives or chemicals or chemical equipment shall be used except those chemicals that are used for domestic or household purposes.

I have read the standards set forth in this application and agree to comply with the conditions imposed by the Town to insure compliance with such standards. I acknowledge that a departure therefrom may result in a suspension or termination of the occupational license and the Town has the right to reasonably inspect the premises upon which the occupation is conducted to insure compliance with the foregoing standards and conditions and to investigate complaints, if any, from neighbors.

Signature _____

Date _____

Print Name _____

OFFICIAL USE ONLY

Town Clerk:

Type of Business Compliant with Code? Yes No

Council Approval Required? Yes No

Council Approval Date: _____

Town Clerk: _____

Town Clerk Approval Date: _____

Police Department:

Background Investigation Completed? Yes No Date: _____

Approval for License Yes No Date: _____

Officer's Name: _____ Officer's Signature: _____

Officer's Remark:

