Miami Shores Village
Planning & Zoning Department
10050 NE 2nd Avenue
Miami Shores, FL 33138
(305)762-4866
esquenazi-velazqueza@msvfl.gov
www.msvfl.gov

LOCAL BUSINESS TAX RECEIPT (LBTR) SUBMITTAL CHECKLIST

All documents must be sent electronically to esquenazi-velazqueza@msvfl.gov

- ☐ **Complete Business Tax Receipt Application:** Please write the information legible and complete the form to its entirety. If the category is not applicable, then please insert N/A.
- ☐ **Zoning Verification Form:** This must obtained for zoning confirmation of proposed use prior to applicant filing out the full BTR application.
- ☐ **State of Florida Business Registration Documents:** This can be filed Articles of Incorporation, LLC registration, or Fictitious Name. Available through www.sunbiz.org.
- ☐ **Lease Agreement/ Warranty Deed:** Including signatures of the landlord and tenant, tenant/building square footage, business address with suite number, and the proposed use/occupancy.
- ☐ **Valid Identification Card: P**lease provide a copy.
- ☐ **Interior Sketch Layout: P**lease submit a hand sketch copy of the existing interior space illustrating the office/suite space, bathroom, storage room, entrance and exit doors, etc.
- ☐ **Federal Tax ID Number or EIN:** This is obtained from the Internal Revenue Service website OR call 1-800-829-4933
- ☐ **State/Miami Dade County Trade or Professional License:** If applicable, based on the type of business being registered.
- ☐ **AHCA Licensing Certificate:** If applicable. For Assisted Living Facilities. Contact (850)412-4304
- ☐ **Certificate of License:** If applicable. For Agency for Persons with Disabilities for Group Homes. Contact (850) 488-4257
- ☐ **Miami Dade Certificate of Use:** Application will be provided to applicant after the BTR application review is completed and it is evidence that the structure has obtained the proper CO for the proposed type of use/occupancy. Menu - EPS (miamidade.gov) *Not required for home-based businesses*
- ☐ **Fire Permit Certificate/Fire Inspection Report:** Available through the Miami Dade Fire Department website (www.miamidade.gov/fire), or call (786) 331-4800 *Not required for home-based businesses*
- ☐ **Alcoholic Beverages Special Approval:** See page 4 where special approval and additional documentation is required for the sale of liquor, wine and beer for consumption on premises and for the sale of liquor, beer and wine for off-the-premises consumption. *Only applicable to business uses seeking the sale of alcoholic beverages.*
- ☐ **Home Based Businesses Affidavit:** *If applicable.*

Updated as of 11/10/2026

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LOCAL BUSINESS TAX RECEIPT (LBTR) APPLICATION FORM

Pursuant to City Code §14-17

BUSINESS INFORMATION: (Please write the information legible and complete the form to its entirely. If the category is not applicable, then please insert N/A).

Business Name or DBA: _____

Business Address: _____ Suite No. _____

City: _____ State: _____ Zip Code: _____ Folio No. _____

What type of building structure will the business be conducted in (e.g., single-family/home-base, apartment, medical office, professional office, restaurant, retail store, warehouse, or other)? _____

Corporate Name: _____

President's Name: _____ Email: _____

Business Mailing Address: _____

Federal Employer ID: _____ DL# _____

Phone (Business) # _____ Secondary Phone (Cell) # _____

Property Owner _____

Phone (Business) # _____ Secondary Phone (Cell) # _____ Email: _____

NATURE OF BUSINESS (Description of type of business proposed, type of merchandise carried and sold, and/or nature of services provided): _____

_____

_____

Number of Employees: _____ Days & Hours of Operation (Include Days and Times): _____

Tenant Space / Building Space Square Footage: _____ Outdoor Storage Sq. Footage: _____

Are you sharing a space with another business? _____ If yes, provide business name: _____

Home Office / Workspace Sq. Footage (Home Business Only): _____ ATM Machine: _____ Amusement Machines / Electronic Video Games: _____

Number of Seats for Places of Public Assembly, Recreation Establishments, or School: _____ Are the Seats Fixed? ___ Number of Rooms / Apt. Units: _____ Number of Children, Students, Residences, or Patients: _____

Number of Seats for a Restaurant: _____ Ancillary Sidewalk Café / Open-Air Café / Outdoor Seating: _____ Value of Stock Carried for Retail or Wholesale of Merchandise: _____

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Retail tobacco or nicotine products sold at this location: _____

Type of Alcoholic Retail Beverage: _____ Alcoholic Retail Beverage Hours of Sale (Include Days and Times): _____

Service Station / Fuel Canopies: _____ Vending Machines: _____ Washers/Dryers: ___/___

Number of Stations for a Barbershop, Nail Salon, or Hair Salon: _____

Will there be any renovations, alterations or repairs made to the premises? _____ If yes, explain what type of work will be done: _____

The above information is true and complete to the best of my knowledge.

_____

Applicant Name Applicant Signature Date

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

PLANNING & ZONING

FLUM Current Historic

Designation: _____ Zoning: _____ Landmark Status: _____

Zoning District Permitted Use Category: _____

_____

Past Zoning Approvals: _____

If the use is not allowed in the zone, what must the applicant do to obtain approval for the use? ____

_____

Zoning Recommendation: _____ Signed by: _____ Date: _____

Zoning Conditions / Notes:

BUILDING OFFICIAL

Does the intended use constitute a Change of Use? _____

Will the tenant need to obtain an updated Certificate of Occupancy? _____

Building Official Signature: _____ Printed Name: _____ Date:_____

Conditions/Notes:

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ALCOHOLIC BEVERAGE SPECIAL APPROVAL - Pursuant to Village code section 4-2 each applicant for special approval shall submit a checklist form provided by the village including but is not limited to the following information:

- ☐ 1. The name, address, telephone number and email address of the applicant. If the applicant is a corporation, the applicant shall set forth the name of the corporation exactly as shown in its articles of incorporation. The applicant corporation or partnership shall designate one of its officers or general partners to act as its responsible management officer.
- ☐ 2. The operation of an alcoholic beverage establishment shall be the responsibility of the permittee personally (if an individual is the permittee) or a manager or designated responsible employee of the permittee at all times. The permittee shall designate the names of all such managers and designated responsible employees in the application.
- ☐ 3. Type of state alcoholic beverage license being applied for or held and the type of special approval being requested.
- ☐ 4. For a wine and craft beer cafe, the approximate number of different wines and craft beers to be sold by the glass or bottle for consumption on the premises and the approximate anticipated ratio of wine sales to craft beer sales.
- ☐ 5. A business plan describing the business, the number and type of seating, proposed hours of operation, number of employees, menu items and pertinent characteristics of the business.
- ☐ 6. A detailed security plan for the facility, including, but not limited to, a policy, security procedures, the periods of time and staffing levels for security personnel, duties, responsibilities and qualifications of security staff for review and recommendation by the village chief of police.
- ☐ 7. A notarized document from the property owner authorizing the applicant to apply for a special approval at the specified location.
- ☐ 8. A site plan drawn to scale showing the property, all buildings with the location of all entrances and exits identifying those to be used by the public, a parking plan with number of parking spaces and all points of ingress and egress.
- ☐ 9. A scaled/dimensioned floor plan of the establishment identifying each area by use including seating area, bar area, food prep, kitchen, storage, etc.
- ☐ 10. A sanitation plan, addressing on-site facilities and off-premises issues resulting from the operation of the establishment.
- ☐ 11. Identify proximity of business to residential areas on a map. A Noise attenuation plan required if proposed establishment is within 200 feet of a residential use.
- ☐ 12. A map showing proximity to licensed childcare facilities AND schools located within 500 feet.

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Department Use Only; Do not write below this line:

Checklist Items	YES	NOTES
BTR Fee Paid *(At time of submittal)*	____	
$500 Special Approval (Alcohol Sales) Fee Paid *(At time of submittal)*	____	
Zoning Compliance *(Designee, Code Sec. 4-2)*	____	
Village Manager Approval	____ **if applicable*	
Village Police Dept. Approval	____ **if applicable*	
Federal / State License	____	

STAFF CONDITIONS OF APPROVAL

Updated as of 11/10/2026