



**According to your type of business please submit the following with the Local Business Tax Receipt (LBTR) application:**

**New Business/ Change of Address**

1. Fill out the Zoning Review Form (wait for approval to submit documentation)
2. Fill out the Certificate of Use
3. Obtain Miami-Dade County Approval of Municipal Application for Certificate of Use & Business License (DERM)
4. Copy of Articles of Incorporation or Fictitious Name
5. Copy of Driver License
6. Copy of Lease, Sublease, or Deed
7. Copy of Miami Dade Fire Inspection Report (Life Safety Inspection)

**Restaurants/ Cafeterias/ Convenient Stores/ Markets:**

1. Copy of Agriculture Division of Food Safety
2. Copy of Agriculture Division of Alcohol & Tobacco License
3. Copy of Miami Dade Fire Inspection (Life Safety Inspection)

**Contractors & Engineers:**

1. Copy of State License
2. Copy of Miami Dade Fire Inspection (Life Safety Inspection)

**Seafood Companies/Food/beverage companies:**

1. Copy of the Health Department Inspection. (Agriculture Division of Food Safety or Division of Alcohol & Tobacco)
2. Copy of Miami Dade Fire Inspection (Life Safety Inspection)

**Helpful Agencies**

- |   |                |
|---|----------------|
| 1. Agriculture Department Consumer Services                       | (800)-435-7352 |
| 2. Division of Hotels & Restaurants for prepared food inspections | (850)-487-1395 |
| 3. Miami Dade County Local Business Tax Receipt (LBTR)            | (305)-270-4949 |
| 4. Miami Dade Fire Department                                     | (786)-331-4800 |
| 5. State of Florida Sales Tax number                              | (305)-470-5001 |



**FOR OFFICE USE ONLY**

DATE SENT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

**TOWN OF MEDLEY ZONING REVIEW FORM**

**CUSTOMER INFORMATION**

NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**ADDRESS OF LOCATION INQUIRING ABOUT**

ADDRESS \_\_\_\_\_

FOLIO NO. \_\_\_\_\_

Description of proposed work or type of business to be conducted on premises: \_\_\_\_\_

**SECTION COMPLETED BY TOWN**

Zoning District: \_\_\_\_\_

Permitted Use (Y/N): \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**This form is only a review of the zoning use and does not provide any approval. An approval is only achieved after submission and approval of the Certificate of Use and the Business Tax Receipt.**



# Town of Medley Certificate of Use Application

**FOR OFFICE USE ONLY**

Payment Date: \_\_\_\_\_  
Payment Type: \_\_\_\_\_ Fee: \$70.00  
Cash: \_\_\_\_\_ Check: \_\_\_\_\_  
CC: \_\_\_\_\_  
License#: \_\_\_\_\_

**Submit To:**

Building & Zoning Department  
7777 NW 72<sup>nd</sup> Avenue  
Medley, Florida, 33166  
Telephone: (305) 887-9541

There Is A Seventy Dollar (\$70.00) Fee (Check Payable To "Town Of Medley") For The Processing Of The Application For A Certificate Of Use.

Name of Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**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 \_\_\_\_\_

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

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)  
\_\_\_\_\_

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

Please Check Box If Mailing Address Differs From Above Location. Print Mailing Address Below:  
\_\_\_\_\_

**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: \_\_\_\_\_

# 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
--	------

**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
------------	-----------

**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
---	--	-----------------------

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
----------------------------------	--

MUNICIPAL OFFICIAL PRINT NAME	TITLE
-------------------------------	-------

SIGNATURE	TELEPHONE NUMBER
-----------	------------------

**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



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

**Type of Business**

New  Renewal  Change of Owner  
 Business Name Change  Change of Address

**FOR OFFICE USE ONLY**

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

1. Date of Application: \_\_\_\_\_
2. Name of Business: \_\_\_\_\_ DBA: \_\_\_\_\_
3. Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_
4. E-mail & Website Address: \_\_\_\_\_
5. Federal Employer Identification Number: \_\_\_\_\_
6. Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - a. Folio Number of Business Location: \_\_\_\_\_
7. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
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  
(Print applicant name) (Print Title)  
the above stated information is true and correct. \_\_\_\_\_ (signature)

Sworn to and Subscribed before me by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as  
identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ (Notary's signature and stamp)



# Town of Medley

*"The Perfect Location for Industrial Development"*

## Alarm Registration Form C-302

Local Business Tax Receipt Dept

7777 NW 72 Avenue

Medley, Florida, 33166

Office: 305-887-9541

Fax: 305-887-6928

biztax@townofmedley.com

Please check one:  New  Renewal

You must notify your Alarm Company of the Valid Permit Number for Police Response

### Location of Property for Police to Respond

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Mailing Address (if not the same as above)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Office Use Only

Date: \_\_\_\_\_ Clerk: \_\_\_\_\_

Decal No: \_\_\_\_\_

LBTR No: \_\_\_\_\_

#### Fees

#### Payment Type

Alarm Fee: \_\_\_\_\_ Cash: \_\_\_\_\_

Late Fee: \_\_\_\_\_ Check: \_\_\_\_\_

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

### Business Applicants Only: Name, Address, & Phone # of Landlord, If any.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Alarm Company Servicing Alarm System

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**First time Alarm Permit Registration Fee \$50.00 for each Alarm account, Renewal fee \$35.00 for each Alarm.**

- And is subject to the following penalty schedule after October 1

- October 1, 10% = \$38.50
- November 1, 15% = \$40.25
- December 1, 20% = \$42.00
- January 1, 25% = \$43.75

Mail or deliver your completed application with the above fee to the Local Business Tax Receipt Dep. at the above address. You will receive a new yearly decal sticker to be placed on the top right corner of your front door. Make your check or money order payable to: The Town of Medley.

Town of Medley  
Building & Zoning Department  
7777 NW 72<sup>nd</sup> Avenue  
Medley, Florida, 33166



Phone: 305-887-9541  
Fax: 305-887-6928  
building@townofmedley.com

*“The Perfect Location for Industrial Development”*

**Notice of Required Inspections**  
(Pressure Vessels, Boilers, Hot Water Heaters, Etc.)

**To All Town of Medley Businesses**

As per the Section 8-11 of the Miami Dade Municipal Code all pressure vessels within the limits of the Town of Medley must be inspected.

Pressure vessels as per FMC- Chapter 2 are defined as “*Closed containers, tanks or vessels that are designed to contain liquids or gasses, or both, under pressure*”. A list of vessels is found at the bottom of the attached application. You are required to submit the attached application for inspection of pressure vessels that is located at your business premises. The charge for this inspection is **\$75.00 per vessel** and must be paid with the completed form for each vessel.

The inspection will consist of a visual check of the pressure vessel, the area where it is located, and any mechanical devices attached. If any pressure vessels or any mechanical devices attached are found to be defective, a licensed contractor must make the appropriate repairs and obtain the proper permits from the Town of Medley if applicable. For work exempt from permit and emergency repairs, please refer to Florida Mechanical Code - *Section 105.2*.

**Note:** High pressure boilers must be inspected every six (6) months. Low pressure boilers must be inspected every twelve (12) months. For additional pressure vessel requirements and more information, please refer to the Miami-Dade Code of Ordinances, *Section 8-11*.

Town of Medley  
Building & Zoning Department  
7777 NW 72<sup>nd</sup> Avenue  
Medley, Florida, 33166  
Phone: 305-887-9541  
Fax: 305-887-6928  
building@townofmedley.com



<u>Office Use Only</u>	
Fee: \$75.00	Date: _____
Cash: _____	
Check #: _____	
CC #: _____	
Permit #: _____	
LBTR #: _____	

## Application for Certificate of Inspection for Boilers & Pressure Vessels

(One form per vessel)

Please fill out one application per pressure vessel and return it with a check in the amount of the \$75.00 payable to the Town of Medley for each vessel.

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Pressure Vessel: \_\_\_\_\_  
Manufacturer's Name: \_\_\_\_\_ Age of Pressure Vessel: \_\_\_\_  
Is the Pressure Vessel a High Boiler: \_\_\_\_\_ Low Pressure Boiler: \_\_\_\_\_  
Service Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last date serviced: \_\_\_\_\_ Results: \_\_\_\_\_

(1) A Certificate of Inspection for a high-pressure boiler shall be for a period of not more than 6 months. (2) A Certificate of Inspection for a low-pressure boiler shall be for a period of not more than 12 months. A Certificate of Inspection is required if any of the following criteria is met or exceeded: A heat input capacity of 200,000 BTU/h (58.6 kW); a water temperature of 200° F (93° C); a nominal water capacity of 120 gallons (454 l). (3) A Certificate of Inspection for an unfired pressure vessel (operating at pressures in excess of 60 PSI and having a volume of more than 5 cubic feet) shall be for a period of not more than 12 months. (4) A Certificate of Inspection may, at the discretion of the Building Official, be for a shorter period or such certificate may be rescinded and tests be ordered at any time when in the opinion of the Building Official, a condition exists making such retesting or reinspection desirable in the interest of safety. (5) A Certificate of Inspection shall be posted in a conspicuous location to the operator.

<u>Inspector Use Only</u>	
Date Inspected:	_____
Inspector Name:	_____
Approved:	_____ Denied: _____
Comments:	_____ _____