



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

## Local Business Tax Receipt and Declaration 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 or in person between the hours of 8:30 a.m. and 3:30 p.m. Monday – Friday.

**We do not accept applications by fax or corrected with white-out.**

1. **Local Business Tax Receipt Application:** The application must be fully completed and notarized.
  - Applicants must provide a copy of their current Fictitious Name Affidavit, and Articles of Incorporation, or Amendments to the Articles of Incorporation from the State of Florida, or a written statement signed by the applicant, stating the reason they need not comply with the Fictitious Name Act.
  - Applicants must provide a copy of their State license.
  - Applicants listing their home address as place of business must complete the Home Occupation Local Business Tax Receipt Form. (proof of residence required)
2. **Merchants Inventory Affidavit:** Retail and Wholesale merchants must complete and notarize the enclosed affidavit.
3. **Declaration of Use:** In order to obtain a Certificate of Use, a completed and notarized Declaration of Use form must be provided including full Legal Description of the property.
4. **DERM Approval:** You need to obtain Department of Environmental Resources Management approval except for Home Local Business Tax Receipts and Local Business Tax Receipt Renewals.
  - a. All New Business Tax Receipts require DERM (Department of Environmental Resource Management) and Water and Sewer Notice of Compliance per Miami Dade County.
  - b. The Derm department offers numerous locations where applications can submit their application for review and approval. Coral Way Office (786) 315-2800 for both Derm approval and Water & Sewer only. Once completed bring into the City of Aventura for final processing along with information requested on instruction form:
  - c.

### TO FIND THE NEAREST DERM DEPT OFFICE:

Visit [www.miamidade.gov/derm](http://www.miamidade.gov/derm) and click the Contact Us link or call:

(786) 315-2800

(305) 372-6789

(305) 492-2004

### TO CONTACT WATER AND SEWER DEPT:

(305) 665-7471

5. **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.

**\*\*If you have received a Notice of Violation from the City for not having a Local Business Tax Receipt, your complete application must be submitted within 10 working days after the date of violation or an additional violation fee will be assessed.**



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**Home Use Local Business Tax Receipt Requirements**

Pursuant to Ordinance No. 96-13, City of Aventura, "Home Occupation" shall mean a business or occupation conducted for limited business activities. In any instance where a residential unit is used to conduct a home business consistent herein, a Home Use Local Business Tax Receipt shall be required. No Home Use Local Business Tax Receipt issued pursuant to this ordinance shall be transferable, assignable or otherwise alienable.

The following limited business activities are permitted subject to a Home Use Local Business Tax Receipt being issued.

- Post and receive correspondence of a business nature.
- Initiate and receive business communication by telephone or fax.

***In order to issue you a Home Use Local Business Tax Receipt you shall be subject to the following provisions. Please initial all the following:***

- \_\_\_\_\_ Home occupations conducted within the city shall be clearly incidental and secondary to the use of the residence for residential purposes and shall not change the character thereof.
- \_\_\_\_\_ No person other than members of the family residing in the premises shall be engaged in such occupation or business.
- \_\_\_\_\_ No residence shall be used for the conduct of any business or activity which requires manufacturing, assembly or construction or by its nature or character may disrupt, disturb or adversely alter, change or modify the nature or character of the neighborhood or the quality of life therein.
- \_\_\_\_\_ No home occupation shall generate or attract vehicular or pedestrian traffic to a residence.
- \_\_\_\_\_ No sign or other advertising of the residential location shall be permitted.
- \_\_\_\_\_ No storage of materials or products shall be permitted.
- \_\_\_\_\_ Products shall not be offered for sale on the premises.
- \_\_\_\_\_ No commercial vehicles shall be kept on the premises or parked overnight on the premises unless otherwise permitted by these regulations.
- \_\_\_\_\_ No evidence of the occupation is visible or audible from the exterior of the dwelling unit.
- \_\_\_\_\_ In no event shall a barbershop, beauty parlor, tearoom tourist home, animal hospital, nursing home, retail store, dancing or band instrument instruction, or clairvoyant be allowed as a home occupation.

I, \_\_\_\_\_ comply with the provisions of the above stated.  
(Please print name)

Signature \_\_\_\_\_

Date \_\_\_\_\_



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**Home Occupation Local Business Tax Receipt Application**

Date of Application: \_\_\_\_\_

**Pursuant to Aventura City Code Sec 18-31(a), City of Aventura, I hereby make an application for:**

New Local Business Tax Receipt  Ownership Transfer  Location Transfer  Other Changes (specify) \_\_\_\_\_

From Aventura Business Name: \_\_\_\_\_

To Aventura Business Name: \_\_\_\_\_

**BUSINESS INFORMATION:**

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

DBA (include a copy of the Fictitious Name Registration): \_\_\_\_\_

Aventura Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Commencement Date: \_\_\_\_\_

Mailing Address (if different from home business address): \_\_\_\_\_ Zip: \_\_\_\_\_

Corp/Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Federal Employer I.D.#: \_\_\_\_\_

**TYPE OF BUSINESS:**

Description of business activities conducted at home office: \_\_\_\_\_

<p>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.</p> <p>_____ Signature of Authorized Representative      Date</p> <p>Print Name: _____</p> <p>State of Florida, County of _____</p> <p>Sworn to and subscribed before me this ____ day of ____ 20____,</p> <p>by _____ who is personally known to me or has produced _____ as identification.</p> <p>_____ Notary Stamp</p> <p>Notary Public Signature</p>	<p><b>OFFICE USE ONLY:</b></p> <p>Date Received: _____ Zone: _____</p> <p>Classification: _____</p> <p>Local Business Tax Receipt No.: _____</p> <p>Amount Due: _____</p> <p>Term: <input type="checkbox"/> 12 m    <input type="checkbox"/> 6m    C/U Due: _____</p> <p>Date paid: _____ Check No.: _____</p> <p>Parking Ratio: _____ Number of Spaces: _____</p> <p>Conditions: _____</p> <p>_____ Zoning Approval: _____ Date: _____</p>
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