

RESORT TAX APPLICATION

APPROVED BTR#: _____

Please fill out and submit this form, if you have an approved BTR

1. BUSINESS START DATE: _____

DIVISION OF HOTEL & RESTAURANT

2. TYPE OF STATE LICENSE: DEPARTMENT OF ALCOHOL, TOBACCO & FIREARMS

DEPARTMENT OF AGRICULTURE

3. TYPE OF BUSINESS: CORPORATION (ARTICLES OF INC)

PARTNERSHIP

TRUST (COURT ORDER)

INDIVIDUAL OTHER

4. KIND OF BUSINESS: APARTMENT HOTEL/MOTEL

BAR/NIGHT CLUB RESTAURANT

BOARDING/ROOMING SHORT TERM RENTAL

5. BUSINESS INFORMATION:

NAME:
ADDRESS:
CITY, STATE, ZIP
PHONE NUMBER:
FL SALES TAX#:
FED ID#:

6. OPERATOR INFORMATION:

NAME:
ADDRESS:
CITY, STATE, ZIP
PHONE NUMBER:
EMAIL:
DRIVERS LICENSE #:
OPERATORS SIGNATURE:

7. OPERATOR INFORMATION:

NAME:
ADDRESS:
CITY, STATE, ZIP
PHONE NUMBER:
EMAIL:
DRIVERS LICENSE #:
OPERATORS SIGNATURE:

8. OPERATOR INFORMATION:

NAME:
ADDRESS:
CITY, STATE, ZIP
PHONE NUMBER:
EMAIL:
DRIVERS LICENSE #:
OPERATORS SIGNATURE:

9. NUM. OF ROOMS/APTS OR SEATING: _____

10. CONTACT PERSON:

NAME:
ADDRESS:
CITY, STATE, ZIP
PHONE NUMBER:
E-MAIL:

PLEASE DO NOT WRITE IN THIS SPACE	
CERTIFICATE #	REGISTRATION#
YEARLY	MONTHLY
FORMER CERTIFICATE #	

CITY OF MIAMI BEACH CODE SECTION 102 PROVIDES FOR IMPOSING A 4% RESORT TAX ON OCCUPANCY OF HOTEL ROOMS, MOTEL ROOMS, APARTMENT HOUSES, APARTMENT HOTELS, ROOMING HOUSES, AND BOARDING HOUSES; AND A 2% RESORT TAX ON THE SALE OF ALCOHOLIC BEVERAGES, FOOD AND BEVERAGES, AND PROVIDING FOR THE COLLECTION THEREOF. A SEPARATE APPLICATION MUST BE FILED FOR EACH PLACE OF BUSINESS THAT IS COVERED BY THE CODE.

A RESORT TAX REGISTRATION CERTIFICATE shall not be transferable or assignable and shall be valid only for the person, firm or corporation to whom issued, and such certificate shall be placed in a conspicuous place in the business for which it is issued, and so displayed at all times.

INSTRUCTIONS

1. Provide information requested for business that is registering. (If Corporation, provide corporate name and d/b/a. **Business address should be the Miami Beach address for which the certificate is being requested.**)
- 2-5. Provide information requested for operator(s) of business. If the business is a corporation, information for all officers needs to be provided. Home addresses and telephone numbers are required. **(Business address & telephone number will not be accepted as the address of record for the operator).**
6. Enter business start date. **This date should be the actual date for which the business is expected to open (or a reasonable approximation).**
7. Check type of state license. **(Required)**
8. Check type of business and attach appropriate documentation indicated. **(Applicable attachments are required)**
9. Check kind of business.
10. Indicate number of rooms/apts or seating capacity of restaurant and/or bar.
11. Indicate the name, address, and telephone number of the person who will be completing and signing the reports to be submitted. **(Place mailing address here if different than business or operator address).**
12. Signature of operator and date. **(Required)**
13. Return application with registration fee to address provided.