

BAL HARBOUR

- V I L L A G E -

NOTICE AND INSTRUCTIONS FOR LOCAL BUSINESS TAX RECEIPT RENEWAL

(Formerly Called Occupational License)

The Local Business Tax Receipt renewal package for your business is enclosed for the licensing year, beginning **OCTOBER 1, 20__**. **PAYMENT MUST BE RECEIVED BY OCTOBER 1, 20__, OR LATE PENALTIES WILL BE ASSESSED.** Please take time to review the following instructions, when completing your renewal application:

1. Review the "Renewal Notice" form for your business to ensure the following:
 - a. Is the mailing address of your business correct as printed next to the "Address" area of the form? If not, please make the necessary correction in the area to the right of the address printed on the form.
 - b. Is the Activity of your business correct? If not, please note the correct activity of your business in the area to the right of the "Activity" printed on the form. If you are unsure of how to classify your "Activity", contact the Village Finance Department at 305-866-4633 for assistance.
 - c. Is the "Issued To" name correct? This should be the name of your business, as it is legally established. If not, please put the correct name in the area to the right of the "Issued To" name that is shown on the form.
2. **Retail Merchants** - Please complete the applicable sheet on page 2 **AND** have it notarized, for inventory valuation.
3. Write a check or money order, payable to "Bal Harbour Village".
4. Return the "Renewal Notice" form, Retail Merchant Inventory sheet (if applicable, and a check or money order to the following:

**BAL HARBOUR VILLAGE FINANCE DEPARTMENT
655-96TH STREET, BAL HARBOUR, FLORIDA 33154**

Once payment is received, your Local Business Tax Receipt renewal will be issued. **The completed forms and the check or money order must be received by October 1, or a fine of 10% of the license fee will be assessed. If payment is not received within 30 days from that point, you will be fined 5% per month (or fraction thereof) to a maximum of 25%, of the local business tax receipt amount. Payments that are returned to the Village will incur a returned check fee and will not be counted as paid, resulting in the late fees described above.** If you have any questions, please contact the Bal Harbour Village Finance Department at 305-993-7317.

STATEMENT OF INVENTORY VALUATION

License Year: October 1, 20__ - September 30, 20__

FLORIDA STATE SALES TAX NUMBER: _____

Fee for Retail Sales and Lease - Goods

Up to \$1,000 of Stock in Value \$ 66.85

Each Additional \$1,000.00 of Fractional Part Thereof \$ 3.94

Please complete the following Statement of Inventory Valuation:

I, _____, do solemnly swear that the 12-month average of the value of merchandise of _____ (Name of Business) is not in excess of \$ _____, and this valuation is the wholesale cash value of the merchandise, to the best of my knowledge and belief.

Date

Signature

STATE OF _____

COUNTY OF _____

Sworn to and acknowledged before me this _____ day of _____, 20 _____ by _____, who is Personally Known to me _____ OR who Produced _____ as identification.

NOTARY SEAL

Signature of Notary Public

Name of Notary Public

Date Commission Expires

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2. If you have any of the following: **Restaurant, Barber Shop, Beauty Parlor, Apartment, Hotel, Cabana, or Vending Machine** - Please complete the applicable sheet on page 4.

3. All other businesses, not listed under #2, should submit the renewal form, with the applicable fee. No other forms are needed.

4. Write a check or money order, payable to "Bal Harbour Village".

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RESTAURANTS, LODGING, BARBER SHOPS/ BEAUTY PARLORS, VENDING MACHINES

Please complete the following applicable information:

RESTAURANTS

Name: _____

Number of Seats: _____

| | |
|---------------------------------------|---------|
| Fee: For the First 35 Chairs or Seats | \$66.85 |
| For Each Additional Chair or Seat | \$ 1.81 |

BARBER SHOPS OR BEAUTY PARLORS

Name: _____

Number of Chairs: _____

| | |
|--------------------------------------------------------------|---------|
| Fee: Generally | \$66.85 |
| For Each Additional Chair in Excess of Four - Cost per Chair | \$13.97 |

LODGING (APARTMENTS/HOTELS/CABANAS)

Name: _____

Number of Rooms: _____

| | |
|-----------------------------|---------|
| Fee: Per Room or Per Cabana | \$ 2.43 |
|-----------------------------|---------|

VENDING MACHINES

Name: _____

Number of Coin Operated Machines: _____

| | |
|------------------|---------|
| Fee: Per Machine | \$ 3.33 |
|------------------|---------|