



**City of Sweetwater**  
**Building and Zoning Department**  
**1701 NW 112 Ave, # 102**  
**Sweetwater, FL. 33172**

# IMPORTANT NOTICE

## Certificate of use and Local Business Tax Receipt

To all multifamily, commercial, and industrial property owners and/or tenants in the City of Sweetwater, more specifically businesses in the newly annexed area between the Florida Turnpike and NW 137 Avenue between NW 12 St to NW 25 St.

All business holding Certificate of Use (CU) and Local Business Tax Receipt(LBTR) within the above referenced annexed area, whether obtained from the City of Sweetwater or from Miami Dade County shall be required to renew their CU and LBTR on an annual basis. The renewal of the CU and LBTR shall be due on October 1 of each year. If October 1 falls on a weekend or holiday, the fee shall be due and payable on or before the first working day following October 1.

*All Businesses in the annexed area shall be required to apply and pay for a Certificate of Use and LBTR.*

*Exemption: The annexed area between 117<sup>th</sup> Ave to 127<sup>th</sup> Ave shall only be required to file and pay for LBTR with the City of Sweetwater*

To renew an existing CU & LBTR previously obtained from Miami Dade County, please complete and submit the respective applications. Be sure to include a copy of the CU and LBTR issued by Miami Dade County. A renewal fee shall be accessed at the time of submittal as per Chapter 25 and Chapter 62 of the City of Sweetwater. These forms and instructions can be found in the City of Sweetwater website, listed below:

<https://cityofsweetwater.fl.gov/building-and-zoning/>.

Chapter 62 of the City code provide the regulations for obtaining a BTR are accessible at the City of Sweetwater web site <https://cityofsweetwater.fl.gov/building-and-zoning/> Applications for CU & LBTR shall follow the regulations as set forth under the City of Sweetwater code.

If you need any further assistance or information regarding this matter, you can contact our office at 305-485-4526 or visit our offices between the hours of 8:00 AM and 3.00 PM Monday thru Friday.



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**INSTRUCTIONS**

**Annex area 117<sup>th</sup> Ave to 127<sup>th</sup> Ave between NW 12 St to NW 25 St**

Documents required:

- Local Business Tax Receipt application
- Current LBTR and Certificate of Use issued by Miami Dade County

Scan and send to: [LBTRSUBMITTALS@CITYOFSWEETWATER.FL.GOV](mailto:LBTRSUBMITTALS@CITYOFSWEETWATER.FL.GOV)

**Annex area from 127<sup>th</sup> Ave to 137<sup>th</sup> Ave between NW 12 St to NW 25 St**

Documents required:

- Local Business Tax Receipt application
- Current LBTR issued by Miami Dade County

Scan and send to: [LBTRSUBMITTALS@CITYOFSWEETWATER.FL.GOV](mailto:LBTRSUBMITTALS@CITYOFSWEETWATER.FL.GOV)

- Certificate of Use application
- Current Certificate of Use issued by Miami Dade County

Scan and send to: [CUSUBMITTALS@CITYOFSWEETWATER.FL.GOV](mailto:CUSUBMITTALS@CITYOFSWEETWATER.FL.GOV)

Once we received your application, we will assign a number and calculate the fee to be paid by credit card form or check. Form can be downloaded from our website.



## APPLICATION FOR CERTIFICATE OF USE

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

Process No. \_\_\_\_\_

### **BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_ FEI/EIN Number \_\_\_\_\_

D.B.A: \_\_\_\_\_

Address: \_\_\_\_\_ Folio No: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Square Feet: \_\_\_\_\_

Type of Business (describe in detail) \_\_\_\_\_

Home Office \_\_\_ Medical Office \_\_\_ Admin Office \_\_\_ School \_\_\_ Retail \_\_\_ Restaurant \_\_\_ (Take Out) \_\_\_

Restaurant (Patron Area Sq. Ft. \_\_\_\_\_ Warehouse \_\_\_) Wholesale \_\_\_ Other \_\_\_\_\_

Previous business \_\_\_\_\_

Are you sharing space with another business Yes \_\_\_ No \_\_\_ if yes, please provide the business name

Name of the primary business \_\_\_\_\_ Type of business \_\_\_\_\_

### **CORPORATE INFORMATION**

Corporate Officer/Owner \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

Signature of the applicant verifies the above information is true and correct. Signee understands the conditions under which the Certificate of Use is being approved and accepts that no charges or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of the information on this application may result in the revocation of the CU and/or possible enforcement action being initiated against the business and/or is authorized representative. I further understand that a business must also apply for a Business Tax Receipt Occupational License).

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribe before me this \_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Personally known or I.D. \_\_\_\_\_

By (Print Name) \_\_\_\_\_

Notary Signature \_\_\_\_\_

### **DEPARTMENTAL USE ONLY**

Processor \_\_\_\_\_ Zoning \_\_\_\_\_ Resolution No. \_\_\_\_\_ Bldg. Permit# \_\_\_\_\_ Approved \_\_\_\_\_

Denied \_\_\_\_\_ Conditions of approval \_\_\_\_\_





# BUSINESS TAX RECEIPT APPLICATION

## NOTICE

This does not supersede any State or County Licenses that are required.  
ANY LICENSE OBTAINED UNDER THE PROVISIONS OF THE CITY OF SWEETWATER LICENSE ORDINANCE UPON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE DEEMED NULL AND VOID AND THE LICENSEE WHO HAS THEREAFTER ENGAGED IN ANY BUSINESS UNDER SUCH LICENSE SHALL BE SUBJECT TO PROSECUTION FOR DOING BUSINESS WITHOUT A LICENSE, TO THE SAME EFFECT AND DEGREE AS THOUGH SUCH LICENSE HAD EVER BEEN ISSUED.

Name of Applicant (Owner/Officer)		Home Phone Number	
Sweetwater Business Address		City	State      Zip Code
Name of Corporation and/or Name of Business		Federal Employer I.D.	
Business Mailing Address		Business Phone Number	
E-Mail			

Signature of Applicant	Date
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If Corporation, give name of officers:

President name \_\_\_\_\_ Vice-President name \_\_\_\_\_  
 Secretary name \_\_\_\_\_ Treasurer name \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
 Business start date: \_\_\_\_\_

Description of location

<input type="radio"/> Apartment Bldgs. _____	<input type="radio"/> Retail _____	<input type="radio"/> Wholesale _____
<input type="radio"/> Medical Office _____	<input type="radio"/> Restaurant _____	<input type="radio"/> Other _____
<input type="radio"/> Admin Office _____	<input type="radio"/> Warehouse size _____	

<input type="radio"/> Value of Stock (Inventory) _____	<input type="radio"/> Eating Establishment chair _____
<input type="radio"/> Number of Employees _____	<input type="radio"/> Number of Vending /ATM _____
<input type="radio"/> Number of Vehicles _____	<input type="radio"/> Number of Units/Hotel Unit _____
<input type="radio"/> Home Office/Peddler _____	

STATE OF FLORIDA LICENSE (IF REQUIRED) \_\_\_\_\_

### Restrictions:



## City of Sweetwater

Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172

Phone (305) 485-4526

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**3 % surcharge will be applied to each transaction made.**

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**Please complete the information below:**

I \_\_\_\_\_ authorize City of Sweetwater to charge my credit card  
(Full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment  
(Amount) (Date)  
is for \_\_\_\_\_.  
(Description of goods/service)

Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Account Type: Visa \_\_\_\_ Master Card \_\_\_\_ American express \_\_\_\_ Discovery \_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated only, and is valid for one time use only. I certify that I am an authorized use for this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.