



## CITY OF MIRAMAR

An Equal Opportunity Employer

### Mayor

Wayne M. Messam

### Vice Mayor

Alexandra P. Davis

### City Commission

Winston F. Barnes

Maxwell B. Chambers

Yvette Colbourne

### City Manager

Vernon E. Hargray

**"We're at the  
Center of Everything"**

City of Miramar  
C/O Business Tax Office  
2300 Civic Center Place  
Miramar, FL 33025  
[www.miramarfl.gov](http://www.miramarfl.gov)

Phone (954) 602-3040  
Phone (954) 602-3061  
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Fax (954) 602-4498

Email: [businessstax@miramarfl.gov](mailto:businessstax@miramarfl.gov)

## Re: Business Tax Receipt Home Application (Cottage Food)

Dear Sir or Madam,

The City of Miramar is pleased and eager to assist you with getting your Cottage Food Operation off to a successful start. The 2011 Florida Legislature enacted House Bill 7209 which allows individuals to manufacture, sell and store certain types of "cottage food" products in a home kitchen.

The Cottage Food law recognizes the fact that many small, value-added food processors within the City of Miramar do not have access to a commercial kitchen that's licensed for food processing. We recognize that the home kitchen can be an affordable alternative to leasing a certified commercial kitchen.

Cottage food operations requires no license, permit or inspection from the State of Florida however it will be required from the City of Miramar. Cottage food products include such items as breads, cakes, cookies, candies, jams, jellies, and fruit pies. All cottage food products, offered for sale to the general public, must be labeled. The full Cottage Food Operations guide is attached to this application.

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to get a City Business Tax Receipt. Complete the enclosed 6-page application and return it with the requirements listed below.

### Business Tax Requirements:

1. Photocopy of the applicant's driver license.
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of the Employer Identification Number (EIN) on the form from the IRS.
4. Photocopy of the General Liability Insurance Certificate. *(Must be on the Acord form and must list the Miramar address)*
5. **A non-refundable application fee of \$10.00. The license fee is due once your application is approved.**

**\*\*\* Gross sales for a cottage food operation must not exceed \$50,000 annually. Products must be sold directly by the cottage food operator to the consumer. Sales by internet, mail order, consignment or at wholesale are prohibited\*\*\***

Please return in person or mail with all requirements to:

City of Miramar  
Business Tax Office  
2300 Civic Center Place  
Miramar FL 33025

City Of Miramar  
Business Tax Office  
2300 Civic Center Place  
Miramar, FL 33025

**Business Tax Receipt Home Application for Cottage Food Operations**

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take five to seven business days. Please complete all the information in this application accurately and in its entirety. **The application must be signed and notarized.** All necessary photocopies will need to be made by the applicant. The City of Miramar will conduct a criminal history background check on the applicant. Failure to answer all questions in its entirety will result in the denial of your application under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

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

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

Business Phone No: \_\_\_\_\_ Business Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Describe the types of food products being offered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(ZIP)

Date of Birth: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Are you the property owner? YES \_\_\_ NO \_\_\_ If no, please provide us with a copy of your lease and a notarized letter from the property owner. (Notarized letter must include permission to operate a business from this address and all of the owner's contact information. The letter must be signed and notarized by all owners)

**Business Tax Home Application for Cottage Food Operations Continued**

The City of Miramar requires a home Business Tax Receipt to be issued only to those home businesses that do not have the potential to become a nuisance to the community. The following questions are asked so that we can determine the specific type of business and services you intend to offer from your home. Please answer the following questions so that we may process your application correctly. We will accept attachments if you need to further explain any responses.

1. How many employees does the company have? (including yourself as one) \_\_\_\_\_

a) How many will be working in the home? (including yourself as one) \_\_\_\_\_

Are any of these employees not a member of your immediate family?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

b) How many employees will be traveling to the home for transportation to the job site? \_\_\_\_\_

2. Does your business offers the sale of: PRODUCTS: \_\_\_\_\_ SERVICES: \_\_\_\_\_  
Please describe the types of products or services sold:

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3. Are any of the products, materials, tools, or equipment stored at home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what type:

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4. Does your business involve any construction, assembly, repair, refinishing manufacturing, or any process, which generates noise, fumes, and/or light?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe type and where it will take place: \_\_\_\_\_

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5. Does the business require the receipt of large packages to the home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe:

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Business Tax Home Application for Cottage Food Operations Continued

6. Does the business require the shipping of large packages from the home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

7. Does the business have any commercial vehicles?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe the type of vehicle and where it's parked overnight.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you been **CONVICTED** of a felony or misdemeanor within the past three (3) years?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what offense were you convicted of? \_\_\_\_\_

Have your civil rights been restored? \_\_\_\_\_

If yes, please provide copies of document(s) restoring your civil rights.

**Home Based Business Tax Receipt Restrictions Cottage Food**

Please read the following restrictions carefully before submitting your Business Tax Receipt Application.

**Home Restrictions:**

1. Cottage food businesses are allowed in accordance with Florida Statute 500.80, except that the home shall not be used for retail. (Please see regulations title 21 part 101)
  
2. Only one employee allowed which includes family members residing at the home.  
No commercial vehicles parked overnight at the premises.

I have read and understand the above terms and conditions regarding the Home Based restrictions. By signing below, I understand that if I violate the conditions my Business Tax Receipt can be revoked by the City of Miramar if approved.

\_\_\_\_\_  
NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_. Before me this day personally appeared \_\_\_\_\_  
who, have read and understand the above terms and conditions regarding the restrictions  
of a home based business.

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY

(SEAL)

**Business Tax Home Application for Cottage Food Operations Continued**

Home occupations conducted within the City of Miramar shall be clearly incidental and secondary to the use of the residence for residential purposes and shall not change the residential character thereof. A proposed home occupation must meet all of the following criteria:

- (1) Only the people who live at the dwelling may be involved in the business.
- (2) The business is clearly incidental and secondary to the use of the dwelling for dwelling purposes.
- (3) The use does not change the character of the dwelling and the appearance of the dwelling cannot be altered to accommodate the business.
- (4) The garage or other accessory structure may not be used for the business for the repair, storage, manufacturing, retailing, or warehousing of merchandise or goods that would interfere with the ability to park the number of vehicles it was designed to accommodate.
- (5) Storing of hazardous or flammable materials is prohibited. Outdoor storage or display of goods is likewise prohibited.
- (6) The business must not emit noise, sounds, smoke, fumes odors, vibrations or interference that would create a nuisance to abutting properties or the surrounding neighborhood. No public health or safety risks may be created by the home occupation.
- (7) Commercial vehicles used in the conduct of a home business may not be parked on the premises, unless it is parked entirely within a garage or carport.
- (8) No deliveries of merchandise are allowed to the residence by heavy commercial vehicles.
- (9) No employees, clients, or customers are allowed on the premises at any time in connection with the home occupation.
- (10) No signage may be displayed on the premises.
- (11) No home occupation shall be conducted in any accessory building.
- (12) The applicant may use his or her home address only for receiving mail and not for any advertising purposes.

**Right of inspection.** The applicant acknowledges that upon issuance of a Business Tax Receipt the city shall have the right to inspect, at reasonable times, the premises upon which the home occupation is conducted to insure compliance with the foregoing standards and conditions, and to investigate complaints, if any.

**Penalty.** Any violation of this section may result in a fine in accordance with the Code of Ordinances.

**Revocation of license.** The city shall have the right to revoke any home Business Tax Receipt for non-compliance.

**Transferability.** No home Business Tax Receipt issued pursuant to this section shall be transferable, assignable, or otherwise alienable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Conditions For Granting A Home Based Business Tax Receipt Cottage Food Operation**

Please be advised that the City of Miramar relies upon the accuracy of your responses to the above questions in determining whether your home Business Tax Receipt should be granted. If the City of Miramar determines that the Home Business Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City of Miramar reserves the right to revoke your home Business Tax, cite you with a Code Compliance violation or take any other appropriate action to bring your license into conformance with City regulation. Your Cottage Food operation must also be in compliance with the Cottage Food Legislation signed into law.

I have read the above terms and conditions and subject thereto, I make application for a restricted Business Tax Receipt. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar.

\_\_\_\_\_  
NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.  
Personally appeared: \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

(SEAL)

If your license has been denied or if there is dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

**FOR INTEROFFICE USE ONLY:**

Approved: \_\_\_\_\_

Denied: (State Reason) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Designee

\_\_\_\_\_  
Date