



**PLANNING & ZONING DEPARTMENT  
OCCUPATIONAL LICENSE DIVISION  
TEMPORARY LOCAL BUSINESS TAX RECEIPT APPLICATION**

**APPLICATION**

Name of Business: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
D.B.A.: \_\_\_\_\_ F.E.I. Number: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Unit No.: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address (if different from Business Address): \_\_\_\_\_  
Unit No.: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please indicate what kind of use you are requesting: \_\_\_\_\_

**GENERAL INFORMATION**

Instructions: Please fill in the appropriate response to each question.

1. What is the gross floor area of the business facility for this temp use? \_\_\_\_\_ square feet
2. What is the number of employees including owners and management? \_\_\_\_\_ employees
4. If Eating Establishment what is the number of seats/tables for this temp. use?  
\_\_\_\_\_ seats  
\_\_\_\_\_ tables



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**AFFIDAVIT**

State of \_\_\_\_\_  
County of \_\_\_\_\_

\_\_\_\_\_, (Owner, Partner, Officer, Representative or Agent)  
\_\_\_\_\_, being duly sworn, deposes and says that He/She is the personal under  
Sunbiz who is authorized to execute this application for the purposes of obtaining a Certificate of Use from the City of  
Doral.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

\_\_\_\_\_  
Telephone

**FOR OFFICE USE ONLY – DO NOT COMPLETE**

Zoning  
**DERM**

Approved By	Date	Rejected By	Date