



City Of Hialeah Gardens  
10001 NW 87 Ave. Hialeah Gardens, FL 33016  
Phone: (305) 558-4114. Fax: (305) 698-7236

**Business Tax Receipt**

This is to inform the City of Hialeah Gardens that I \_\_\_\_\_ will  
be working at the following business \_\_\_\_\_  
located at \_\_\_\_\_ Hialeah Gardens, FL.

My State License is \_\_\_\_\_ expires on \_\_\_\_\_ and my  
Driver License is \_\_\_\_\_ expires on \_\_\_\_\_

I understand that when I cease to work at the above location, I will notify the Business Tax  
Receipt Department by form of letter to cancel my license.

\_\_\_\_\_  
Signature

**State of Florida, Miami-Dade County.**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
**Notary Public, State of Florida**  
(Print, type or stamp Notary's name.)

**Personally Known**

**Produced I.D.**  \_\_\_\_\_  
Type of identification