

#### CITY OF MIRAMAR

An Equal Opportunity Employer

#### <u>Mayor</u>

Wayne M. Messam

#### Vice Mayor

Yvette Colbourne

#### **City Commission**

Winston F. Barnes

Maxwell B. Chambers

Alexandra P. Davis

#### City Manager

Dr. Roy Virgin

#### "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

Phone (954) 602-3040 Phone (954) 602-3061 Fax (954) 602-3470 Fax (954) 602-4498

Email: <u>businesstax@miramarfl.gov</u>

#### Re: Business Tax Receipt Commercial Application

Dear Sir or Madam:

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 acquire a City Business Tax Receipt. *This process has two steps*.

<u>Step 1</u>: Complete the Certificate of Use process with Building Department. This process must be approved first before your business tax application can be processed. Applications are available in the City of Miramar's Community and Economic Development, Building Division.

<u>Step 2</u>: Complete the enclosed 4-page application and return it with the requirements listed below.

#### **Business Tax Requirements:**

- 1. Photocopy of the applicant's driver license. (Must be valid and clear)
- 2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
- 3. Photocopy of any state issued license and/or certificates. (See attached listing for applicant's who must have this requirement. If your business type is listed, you will need this requirement when submitting your application.)
- 4. Photocopy of the business lease or warranty deed. (Must be signed by all parties. No electronic signatures accepted. Deed must be certified by Broward County Records)
- 5. Photocopy of the Employer Identification Number (EIN) on the form from the IRS.
- 6. Photocopy of the General Liability Insurance Certificate. (Must be on the Acord Form and must list the Miramar business address)
- 7. Photocopy of the Waste Pro Contract Agreement. (If you're sharing a container and it's not listed in your lease agreement, please provide the City with a copy of the business you're sharing with contract agreement and a notarized letter from the owner authorizing you to share the container. Please Note: If the business you're sharing the container with account is not current you will need to set up your own account.)
- 8. A non-refundable application fee of \$25.00. The license fee is due once your application is approved. (\*\*\* License fees may change based on your final fire inspection \*\*\*)

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 FI 33025

# **Business Tax Receipt Commercial Application**

| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| The information gathered by this application will be used to determine the issuance of Receipt. Please complete all the sections of this application. The application process seven business days. The application must be signed and notarized. All necessaneed to be made by the applicant. Failure to answer all sections in its entirety will respond for the process of the sections in its entirety will respond for the process of the process of the section of the process of | will take five to<br>ry photocopies will<br>sult in the denial of |
| Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| Business Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |
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| E-mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| Business Phone Number: () Business Fax Number: ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |
| Federal Tax ID Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| Contact Person;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| Contact Person Phone Number: ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| Form of Business: ( ) Individual ( ) Partnership ( ) Corporation ( ) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |
| Mailing Address if different from Business Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                                 |
| City, State, & Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                                                 |
| Business Operation: (Please indicate below in detail the business operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |
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| In case of an emergency who should the City notify?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
| Emergency Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |
| Emergency Contact Number: ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |

# **Business Tax Receipt Commercial Application Continued**

| Applicant's Name:                                                                                                                       |                                                                                                                                          |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Applicant's Address:                                                                                                                    |                                                                                                                                          |                                           |
|                                                                                                                                         | (CITY)                                                                                                                                   | (ZIP)                                     |
| Date of Birth:                                                                                                                          | Soc. Sec. No                                                                                                                             |                                           |
| Driver's License No:                                                                                                                    | Phone No                                                                                                                                 |                                           |
| ** Applicants information is<br>manager at the Miramar loca                                                                             | needed for business owner or an ation **                                                                                                 | on-site                                   |
| the value of your inventory.                                                                                                            | tle merchant, your license fee will<br>Inventory shall mean the average<br>by the business, exclusive of excis<br>chedule is as follows: | selling value                             |
| Merchant retail stock up to \$6,<br>Merchant retail stock over \$6,0<br>Merchant wholesale stock up to<br>Merchant wholesale stock over | 000 each addn't \$1,000 will be                                                                                                          | \$243.11<br>\$15.80<br>\$181.74<br>\$0.91 |
| ( ) Wholesale Inventory Value \$_                                                                                                       |                                                                                                                                          |                                           |
| ( ) Retail Inventory Value \$                                                                                                           |                                                                                                                                          |                                           |

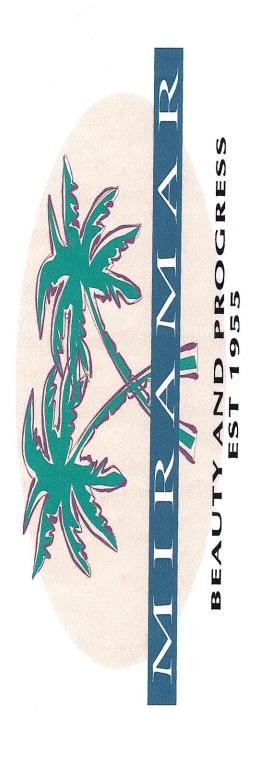
## **Business Tax Receipt Commercial Application Continued**

Please complete the classification factors that apply to your business. Indicate the number of employees <u>including</u> you and any family member working.

| # of Employees/ # of Rooms # of Units # of Floors<br>(FT/PT) (Hotel/Motel Only) (Apts/Condos Only)                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| # of Buildings Guard Gates ( ) Yes ( ) No # of Units # of Persons<br>(Multi-Residential) (Storage Facilities Only) (Church/Assembly Occupancies) |
| # of Barbers # of Operators # of Agents<br>(Beauty/Nail Salon) (Real Estate/Insurance)                                                           |
| # of Persons # of Students<br>(ALF/Group Home/Other Res Based Facility)                                                                          |
| Restaurants: ( ) Eat-In ( ) Take-Out ( ) Drive-Thru ( ) Out Door Seating ( ) Yes ( ) No                                                          |
| Restaurants: Seating Capacity Hood System If yes, how many?                                                                                      |
| # of coin operated machines: Games Vending Music                                                                                                 |
| Washers Dryers Pool Table(s) Food/Candy Soda                                                                                                     |
| # of Trucks/Vehicles # of Fuel Hoses Drive-Thru Car Wash<br>(Parked overnight at Miramar Location) (Gasoline Stations Only)                      |
| Square Footage() Fire Alarm () Sprinkler System () Elevators () Spray Booth (Must have Square Footage)                                           |
| Do you have Hazardous Chemicals/Materials store at your Miramar location?                                                                        |
| Do you have a generator at your Miramar location?                                                                                                |

# **Business Tax Receipt Commercial Application Continued**

| Have you been convicted of a felony                         | or misdemeanor within the past three (3) years? If |
|-------------------------------------------------------------|----------------------------------------------------|
| Have you civil rights been restored?                        | ed of? If yes, provide copies of documents         |
| STATE OF FLORIDA<br>COUNTY OF                               | NOTARIZED SIGNATURE OF APPLICANT                   |
| Sworn to and subscribed before me this Personally appeared: | day of20                                           |
| Personally Known                                            | OR Produced Identification                         |
| Type of Identification Produced                             |                                                    |
| (SIGNATURE OF NOTARY)                                       | (SEAL)                                             |
| classification you have the right to                        |                                                    |
| Approved:                                                   |                                                    |
| Denied: (State Reason)                                      |                                                    |
|                                                             |                                                    |
|                                                             |                                                    |
|                                                             |                                                    |
| Designee                                                    | Date                                               |
|                                                             |                                                    |
|                                                             |                                                    |



pages are for your information The following double sided only. Thank you!

# State License Required before Local Business Tax Receipts

Business Classifications that State Statues Restrict or Prohibit the issuance of a local Business Tax Receipt without first obtaining requires State License, Registrations or Certifications.

| FS Chapter | Business Classification Requirements                                                                                                                                                                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 320        | Motor Vehicle Dealers: State license contact Department of Highway Safety and Motor Vehicles                                                                                                                 |
| 559        | Automotive Repair & Service: State license contact Department of Agriculture & Consumer Service                                                                                                              |
| 559        | Sellers of Travel: Registration contact Department of Agriculture & Consumer Service                                                                                                                         |
| 395        | Hospitals: State license contact Agency for Healthcare Administration                                                                                                                                        |
| 494        | Mortgage Broker & Mortgage Lending: State license contact Department of Financial Services                                                                                                                   |
| 482        | Pest Control & Exterminators: Registration contact Department of Agriculture & Consumer Service                                                                                                              |
| 493        | Detectives, Detective Agency, Patrol/Security Guard Agency: State License contact Department of State                                                                                                        |
| 400        | Adult Congregate Living Facilities, Nursing Homes, Adult Day Care<br>Center, Hospices, Convalescent Homes and Health Care Facilities: State<br>license contact Division/Agency of Health Care Administration |
| 509        | Public Lodging & Food Service Establishments: State license contact Division of Hotels and Restaurants                                                                                                       |
| 402        | Family Day Care Homes/Facilities: Registration & State license contact Department of Children & Families Services                                                                                            |
| 538        | Pawn Broker: Registration contact Department of Agriculture & Consumer Service                                                                                                                               |
| 500        | Food Establishments: A Current Food Permit or an Active letter of Exemption contact Department of Agriculture and Consumer Services                                                                          |
| 501        | Telephone Solicitation: State license for the company & salesperson contact Department of Agriculture & Consumer Service                                                                                     |
| 501        | Health Studios: Registration & proof of Financial Security (\$50,000 Bond) contact Department of Agriculture & Consumer Service                                                                              |
| 468        | Auctioneers: State license contact Department of Business & Professional Regulations                                                                                                                         |
| 496        | Soliciting Contributions: Charitable Organization, Sponsors, Professional Solicitors and Fund Raising Consultants will need a Registration contact Department of Agriculture & Consumer Service              |

| 477       | Board of Cosmetology: State license contact the Department of Business and Professional Regulations |
|-----------|-----------------------------------------------------------------------------------------------------|
| 370 & 372 | Freshwater or Saltwater Fish Product & Sales: State license contact Department of Natural Resources |
| 791       | Fireworks & Sales: Registration contact Division of State Fire Marshall & Department of insurance   |
| 517       | Securities Broker/Agent: State license contact Department of Financial Services                     |
| 648       | Bail Bondsman: State license contact Department of Insurance                                        |
| 655-667   | Banks, Savings & Loan: State license contact Department of Financial Services                       |

# \*\*\* ALL ABOVE MUST BE VERIFIED UPON RENEWAL\*\*\*

# State of Florida Help Line – 1-800-HELP-FLA

# **Business Tax Receipt Frequently Asked Questions & Answers**

- Q. What is a Business Tax Receipt?
- A. A Business Tax Receipt gives you permission to conduct business in the City of Miramar. This must be obtained by anyone that's engaging or managing any business, profession or occupation within the Miramar city limits. This must be obtained for any home or a commercial location business within the City of Miramar.
- Q. How long will it take to get a Business Tax Receipt?
- A. It will take five (5) to seven (7) business days.
- Q. What's the first step for my commercial business location?
- A. Visit the City of Miramar's Building Department to submit an application for your Certificate of Use. Once approved, then you can submit your Business Tax Receipt Application.
- Q. What is the number for the State of Florida?
- A. 1-800-HELP-FLA.

# Other Important Information for the Applicant

Fictitious Name Registration (850) 245-6058 P O Box 1300 Tallahassee Fl 32302-1300 www.sunbiz.org Broward County Business Tax Office (954) 831-4000 Governmental Center Annex Revenue Collection Division -Tax & License Section 115 S Andrews Avenue Room A-100 Ft Lauderdale FI 33301 www.broward.org Broward County Certificate Of Competency (954) 765-4400 Building & Permitting 1 North University Dr Plantation Fl 33324 www.broward.org Florida Dept. Of Business & Professional (850) 487-1395 Regulations Division Of Hotel & Restaurants (District 2 - Margate) 5080 Coconut Creek Pkwy Ste A Margate FI 33063 call.center@dbpr.state.fl.us **Employer Identification Number** (800) 829-1040 City of Miramar (Zoning) (954) 602-3267 Florida Sales Tax (954) 967-1000 Taft Office Complex 6565 Taft Street Ste 300 Hollywood Fl 33024 www.dor.myflorida.com Department Of State (850) 245-6056 Division Of Corporations P O Box 6327 Tallahassee, Fl 32314 www.sunbiz.org

SCORE
S. Broward/N. Dade Score Chapter #235
Sheridan Executive Center
3475 Sheridan Street Ste 203
Hollywood Fl 33021
\*\*\* SCORE gives you free help for small businesses and how to obtain a business loan\*\*\*

# City Of Miramar Finance Department Memorandum

To:

All Business Tax Receipt Applicants

Date:

April 25, 2012

Subject:

Community Appearance Board (CAB) Requirements

Business Signs, Painting, and other Exterior Modifications

<u>Signs</u>

Please be advised that all signs proposed in conjunction with your business are required to receive official approval from the City before they are installed in the form of a building permit or a Temporary Sign Permit (TSP) or Temporary Use Permit (TUP). Signs must be in compliance with the City's Sign Code as adopted by Ordinance 12-05.

Please contact Nancy Gettys at <u>ngettys@ci.miramar.fl.us</u> in the Economic Development & Revitalization Department for specific questions about signs.

# Painting/Renovations

Please be advised that all exterior painting, or any other exterior modifications to a building proposed in conjunction with your business are required to receive approval of the City's Community Appearance Board (CAB) for compliance with the City's Community Design Plan as adopted by Ordinance 98-25. This approval process is necessary in addition to the building permit requirements.

You will also be required to obtain a building permit for awnings and canopies which are also subject to community appearance design standards for color, materials and sign lettering.

Please contact the Community Development Department at (954) 602-3264 at for a CAB application or you can download the applications from the following link for repainting:

http://www.ci.miramar.fl.us/development/docs/Planning/CABsmall07.pdf

The link for the application for approval of renovations is: http://www.ci.miramar.fl.us/development/docs/Planning/CABmedium07.pdf

## HAZARDOUS MATERIAL CATEGORIES

### 3010 - SPARKLER SALES:

Sale of sparklers required submittal of inventory and site plan. (Annual fee)

## 3020 - FIREWORKS-PUBLIC DISPLAY:

Public display of fireworks must be under the direction of person certified by the department as a fireworks "shooter". (Each use)

### 3021 - SHOOTER'S CERTIFICATION:

Shooter's certification requires in person application establishing competency in handling fireworks and determining compliance with applicable state regulations. (Initial certifications. Annual renewal fee.)

### 3030 - AUTO JUNK WASTE:

Automobile wrecking yards, junkyards, waste materials handling plants. Not to be stored at business location. (Annual fee)

# 3040 - CELLULOSE NITRATE MOTION PICTURE FILM:

Storage, handling, or use of more than 25 pounds (35 mm film about 5,000 feet) of nitrate. (Motion picture film. Annual fee)

## 3050 - COMBUSTIBLE FIBERS:

Storage and handling of combustible fiber in quantities exceeding 100 cubic feet. (Annual fee)

### 3060 - COMPRESSED GASES:

Storage, handling or use of more than 2,000 cubic feet of flammable gas or 6,000 cubic feet of non-flammable gas at normal temperature and pressure. (Annual)

# 3070 - DRY CLEANING ESTABLISHMENTS:

Dry cleaning by use of cleaning solvents, fluids, or cleaning solutions. (Annual fee)

# 3080 - EXPLOSIVE, AMMUNITION, AND BLASTING AGENTS:

Manufacturing, keeping, storage, sale, and transportation of explosives, ammunition, and blasting agents. (Annual fee)

#### **3090 - GARAGES:**

Use of any building, shed, or enclosures as a place of business for serving or repairing motor vehicles. (Annual fee)

## 3100 - FLAMMABLE FINISHES:

Application of spraying, or dipping operations utilizing on any working day more than one gallon of flammable or combustible liquids. (Annual fee)

# 3110 - FLAMMABLE AND COMBUTIABLE LIQUIDS:

Storage, handling, or use of Class1A and 1B liquids in excess of one gallon in place of human habitation; or in excess of six gallons in other occupancies; or in excess of ten gallons outside any building. (Annual fee)

# 3120 - FUMIGATION AND INSECT FOGGING:

Fumigation or thermal insecticide fogging which is dangerous, noxious, or poisonous to life or health of human being, or what constitutes a fire hazard. (Annual fee per company)

### 3130 - HAZARDOUS CHEMICALS:

No persons, firm, or corporation shall store, handle, or use any hazardous materials as classified by the UN/NA classification systems unless and until a valid permit has been issued pursuant to this article by the Fire Department.

#### 3140 - MAGNESIUM:

Melting, casting, heating treating, machining, or grinding or more than 10 pounds of magnesium per working day. (Annual fee)

#### 3150 - LIQUEFIED PERTOLEUM GAS:

A permit shall be obtained for each installation of liquefied petroleum gas employing a container or an aggregate of interconnected containers of over 2,000 gallons water capacity.

#### 3160 - OIL BURNING EQUIPMENT:

Installation or replacement of an oil burner and fuel tank used in connection therewith that is in excess of 25 gallons in a building or in excess of 60 gallons outside of a building. (Annual fee)

#### 3170 - ORGANIC COATING MANUFACTURING:

Organic coating manufacturing operation making more than one gallon of an organic coating on any working day. (Annual fee)

#### 3180 - WELDING OR CUTTING:

Welding or cutting operation, excluding job sites. (Annual fee)

#### 3190 - DUST EXPLOSION, PREVENTION OF:

Operation of any grain elevator, flour, starch, or feed mill, or plant pulverizing aluminum, coal, cocoa, plastics, magnesium, spices, sugar, or other material producing dust. (Annual fee)