



**CITY OF MIAMI GARDENS
CODE COMPLIANCE DIVISION**

**Application Fee
\$ 12.00
Non-Refundable**

Certificate of Use Application

Note: Application & Permit Fees are Non-Refundable

Date ____/____/____

Folio # _____

BUSINESS INFORMATION *(Incomplete Applications Will Not Be Processed)*

Name of Business _____

Location of Business _____

City **Miami Gardens** State **Florida** Zip Code _____

Phone _____ Fax _____ Email _____

TYPE OF BUSINESS DESCRIBED IN DETAIL

- Home Office Office Restaurant Cosmetology Salon Hotel/Motel/Apartment
- Other *(please specify)* _____

Square feet _____

Previous type of business in the building in which you will conduct your business

Are you sharing space with another business? Yes No If the answer is YES, please provide the name of the primary user

PERSONAL INFORMATION

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Mobile _____

"The undersigned has carefully reviewed this application and all information contained herein has been freely and voluntarily provided. All facts, figures, statements contained in this application are true, correct and complete to the best of my knowledge and belief. The applicant also acknowledges and understand that the Issuance of a City Certificate of Use is contingent upon a zoning compliance inspection and in conjunction with the issuance of a Certificate of Occupancy, and City Business Tax Receipt. Failure to comply with the City's Ordinances may result in revocation of said Certificate of Use."

PRINT YOUR NAME

SIGNATURE

OFFICE USE ONLY

Conditions Under Which Approved _____

Resolutions _____

Processor's Signature _____

APPROVED **DENIED**