



City of Miami APPLICATION FOR OCCUPATIONAL LICENSE

444 SW 2nd Avenue 6th Floor, Miami , FL 33130, (305) 416-1918

Florida Statutes require that all Businesses operating under a Fictitious Name must submit State Registration documents.

BUSINESS INFORMATION

1. Business Name:	2. Telephone #:		
3. Business address/ location:			
4. FEI#: _____ or SSN: _____	5. FL Sales Tax #:		
6. Mailing Address (if different from business address): _____ _____ City _____ State _____ ZIP Code _____ Responsible Party _____			
7. Has the Applicant ever had a City of Miami Occupational License suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
8. Nature of Business activity/ Service(s) provided:			
9. For Special Events (Fairs, Circus, etc.) enter: Start Date: ____/____/____ and End Date: ____/____/____			
10. If applicable to Business, please fill-in the appropriate space(s) below: Amount of: Seats: _____ Rooms: _____ Employees: _____ Sq. Ft. _____ # of machines: _____ restaurant apartments manufacturing parking lot vending machine			
11. Inventory value: \$ _____ Other: _____ retail, wholesale, drug store, grocery, cigar & tobacco products			
12. List name(s) of personnel that are licensed by the State of Florida and submit copy of State License. Attach additional sheets if necessary. Name and Social Security Number Name and Social Security Number _____/____-____-____ ____/____-____-____ _____/____-____-____ ____/____-____-____			
13. Florida Statutes require you to list three individuals who are able to arrive at the Business location within 15 minutes of notification of fire, burglary or other emergency. Ideally these individuals should have access to door locks and alarms.			
Name	Address	City/State	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY LOCATOR

This information is given freely and voluntarily and all the facts, figures, and statements contained in this Application are true and correct.

REMARKS: 	<p style="text-align: center;">_____ Applicant to print Name</p> <p style="text-align: center;">_____ Signature of Applicant</p> <p style="text-align: right;">____/____/____ Date</p>
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OFFICE USE ONLY:		<input type="checkbox"/> MRC <input type="checkbox"/> NET
<input type="checkbox"/> ADD NEW BUSINESS		PRICE: \$ _____
<input type="checkbox"/> ADD LICENSE DETAIL		DISCOUNT: \$ _____
<input type="checkbox"/> NAME, OWNER OR ADDRESS CHANGE (TRANSFER)		PRORATE: _____
LIC CODE(S)#: _____	LICENSE TITLE(S): _____	
CUSTOMER #: _____	BILL #: _____	BUSINESS #: _____
		CERT. OF USE#: _____
	_____ Data Entry by	____/____/____ Date