



CITY OF MIAMI GARDENS
CODE ENFORCEMENT DEPARTMENT
 1515 N.W. 167 Street, Building 5, Suite 200 Miami Gardens, Florida 33169
 (305) 622-8020 phone (305) 622-8855 facsimile

CERTIFICATE OF USE APPLICATION

DATE ____/____/____ FOLIO # _____

BUSINESS INFORMATION: (Incomplete Applications Will Not Be Processed)

NAME OF BUSINESS: _____

LOCATION OF BUSINESS: _____

CITY: MIAMI GARDENS STATE: FLORIDA ZIP CODE _____

TELEPHONE _____ FAX _____

TYPE OF BUSINESS DESCRIBED IN DETAIL:

- Home Office Office Restaurant Cosmetology Salon Hotel/Motel/Apartment
 Other (specify below)

_____ 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 understands 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