



BUILDING AND LICENSING DEPARTMENT
780 FISHERMAN STREET, 4TH FLOOR
OPA-LOCKA, FL 33054

TEL: 305-953-2868, Ext. 1603
FAX: 305-953-2897

OFFICE HOURS:
MONDAY-FRIDAY
8AM TO 4PM

WASTE MANAGEMENT
305-547-6003 - OFFICE
305-986-2452 - CELL
866-557-8042 - FAX
(GINO ROMEO)

WATER OFFICE
780 FISHERMAN STREET, 4TH FLOOR
OPA-LOCKA, FL 33054
305-953-2868

PUBLIC WORKS/UTILITIES
12950 LEJEUNE ROAD (NW 42 AVE)
OPA-LOCKA, FL 33054
TELE: 305-953-2828

OCCUPATIONAL LICENSE REQUIREMENTS/PROCEDURES AND CHECKLIST

The following is a guide to help you with the licensing process. The checked items must be submitted to the License Department.

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| <input type="checkbox"/> Business Lease/Bill of Sale/Tax Bill | <input type="checkbox"/> Health Department Certificate |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Certificate of Occupancy |
| <input type="checkbox"/> Waste Management Sanitation Agreement | <input type="checkbox"/> Motor Vehicle Repair Certificate |
| <input type="checkbox"/> Water Deposit | <input type="checkbox"/> DERM |
| <input type="checkbox"/> Photo ID (Driver’s License, etc.) | <input type="checkbox"/> Fire Dept Annual Operating Permit |
| <input type="checkbox"/> HRS for Childcare/Aged Group Home | <input type="checkbox"/> Annual Food Permit |
| <input type="checkbox"/> State Professional License | <input type="checkbox"/> Vehicle Dealer’s License |
| <input type="checkbox"/> State Business License | <input type="checkbox"/> Biohazard Waste Permit |
| <input type="checkbox"/> Underground Storage Facility Permit | |

SUBMISSION OF APPLICATION AND/OR DOCUMENTATION DOES NOT IMPLY CONSENT TO BEGIN BUSINESS OPERATION.

AFTER THE APPLICATION, ZONING AND INSPECTIONS ARE APPROVED, AND THE CITY LICENSE ISSUED, YOU MUST IMMEDIATELY OBTAIN A MIAMI-DADE COUNTY LICENSE. YOUR BUSINESS MAY BE CLOSED DOWN AND/OR YOU WILL BE SUSCEPTIBLE TO ARREST BY THE CITY OF OPA-LOCKA POLICE DEPARTMENT FOR FAILURE TO OBTAIN THE CITY OF OPA-LOCKA AND/OR MIAMI-DADE COUNTY OCCUPATIONAL LICENSE PRIOR TO OPERATION OF YOUR BUSINESS.

SECTION 15-7, CITY OF OPA-LOCKA CODE OF ORDINANCES, OBSTRUCTING, OPPOSING AN OFFICER, AGENT OR EMPLOYEE IN THE EXECUTION OF HIS DUTY, STATES:

“It shall be unlawful in this city for any person to knowingly or willfully resist, obstruct or oppose any deputy sheriff, officer of the highway patrol, constable, municipal code enforcement officer or any official, officer or employee, or other person designated as a police official by any federal, state or local law enforcement agency, in the lawful execution of legal process or in the lawful execution of any legal duty.” (Ordinance No. 84.1, 01/01/84)

REQUIREMENTS FOR INSPECTION

1. Each business must display for every 75 feet of depth, a fire extinguisher, at least 5 pounds mounted 5 feet from the floor with a sign above it stating “**FIRE EXTINGUISHER**” so that all occupants therein will be aware of location. A re-inspection fee will be charged if a second inspection is required.
2. Mailbox or receptacle.
3. Bathroom facilities are required unless the premises are to be used for storage. Water service connected.
4. Address or bay number must be outside of premises.
5. Illuminated “**EXIT**” signs and illuminated emergency lights. Both must be battery operated.
6. Business must be properly zoned and with sufficient space to accommodate business activities.
7. Thumb turn lock is required on rear exit door. No key double operated locks allowed.
8. If inspectors find any deficiency with the building or other fault, they will inform you and give you time to correct.

NOTE: WE DO NOT MAKE COPIES. THE BUSINESS OWNER IS RESPONSIBLE FOR PROVIDING COPIES OF THE BUSINESS’ DOCUMENTATION REQUIRED FOR AN OCCUPATIONAL LICENSE AND/OR PERMITTING.

CITY OF OPA-LOCKA OCCUPATIONAL LICENSE APPLICATION

Building/Occupational License Department
780 Fisherman Street, 4th Floor
Opa-Locka, FL 33054
TEL: 305-953-2868, Ext. 1603
FAX: 305-953-2897

Electrical Inspection \$51.50
Plumbing Inspection \$51.50
Code Compliance \$30.00
Mechanical Inspection \$51.50
SUB TOTAL: \$184.50

ZONING DISTRICT
DIRECTOR

License Fee + \$
TOTAL AMT DUE \$

Please PRINT CLEARLY and read this document carefully before signing.

BUSINESS NAME (INCLUDING DBA NAME):
BUSINESS ADDRESS:
BUSINESS TELEPHONE NUMBER (S):
SOCIAL SECURITY NUMBER AND FEDERAL ID NUMBER:
TYPE OF APPLICATION: NEW () TRANSFER OF OWNER () RENEWAL () NAME CHANGE () ADDRESS CHANGE () SPECIAL ()
FORM OF BUSINESS: INDIVIDUAL () PARTNERSHIP () CORPORATION () OTHER ()
NUMBER OF EMPLOYEES:
BUSINESS OWNER (S): NAME (S):
ADDRESS (ES):
TELEPHONE NUMBER (S):
DATE OF BIRTH:
DRIVER'S LICENSE NUMBER & STATE
MAILING ADDRESS (LICENSE RENEWAL NOTICE WILL BE MAILED TO THIS ADDRESS):
REQUEST FOR EXEMPTION OF OCCUPATIONAL LICENSE FEE (ATTACH SUPPORTING DOCUMENT)
NONPROFIT () CHARITABLE () OVER 65 YEARS OF AGE ()

DECLARATION OF INTENT

I, hereby affirm that I intend to use the premises as outlined on the Occupational License Application solely for the purpose of:

and for no other purpose.

I, hereby certify that the information given is complete and accurate. I understand that making false or fraudulent statements may result in denial of the Occupational License. I further acknowledge that the City shall not be held responsible for any work that we may have done on the premises prior to obtaining the required permits for all alterations, remodeling, repairs, electrical work, plumbing work, signs, etc., I agree to operate within City and State laws and will notify the City of any changes, as well as closing of this business.

Upon signing this application, I hereby authorize the City of Opa-Locka to run a police background check on any individual(s) associated with this business and/or business location as well as Code Compliance Division, Miami-Dade Fire Department and Building Department site inspections.

SIGNATURE AND TITLE

DATE

SIGNATURE AND TITLE

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF , 20

NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES:

IT IS THE BUSINESS OWNER'S REPSONSIBILITY TO PROVIDE COPIES. WE DO NOT MAKE COPIES OF YOUR DOCUMENTS.



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OFFICE HOURS
 MON - FRI
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PROCESS NO: _____

OCCUPATIONAL LICENSE DEPARTMENT

VERIFICATION OF WATER AND SEWER CONNECTION

Applicant fill out PART I:

PART I: BUSINESS NAME: _____
 BUSINESS ADDRESS: _____
 TELEPHONE: _____
 TYPE OF BUSINESS: _____

.....
Opa-Locka Public Works and Utilities Department fill out PART II:

PART II: This is to certify that the above address, _____,
 has water _____ and sewer _____ hookup with the city of Opa-locka.

 Department of P/W – Utilities

 Date

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- Procedure:
- 1) Business Owner/Applicant fill out PART I.
 - 2) Business Owner/Applicant takes this form to the Opa-locka Public Works Department at 12950 LeJeune Road (NW 42 Avenue) and they will fill out PART II.
 Telephone: 305-953-2828
 - 3) Then Business Owner/Applicant take this form to D.E.R.M. at:

MIAMI-DADE COUNTY
DEPARTMENT OF ENVIRONMENTAL RESOURCES MGMT
Plan Review Section
701 NW 1st Court
Miami, Florida 33130-1501
Telephone: 305-372-6899

- 4) If the business involves vehicle repair/maintenance, the Business Owner/Applicant must then go to:

MIAMI-DADE COUNTY CONSUMER SERVICES DEPARTMENT
140 West Flagler Street, Suite 902
Miami, FL 33130
Telephone: 305-375-4222