



CITY OF OPA-LOCKA LOBBYIST REGISTRATION FORM

Office of the City Clerk | 780 Fisherman St, 4th Floor, Opa-locka, FL 33054
PHONE 305.953.2800 EMAIL jflores@opalockafl.gov

DATE & TIME STAMP

- All Lobbyist Registrations automatically expire on September 30th of each year.
- Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the City Clerk.
- On or before October 1 every lobbyist must file an expenditure statement with the City Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, even if there have been no expenditures.
- All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the City Clerk.

I. LOBBYIST INFORMATION

Last Name	First Name	Middle Initial	
Business Name			
Business Address	City	State	Zip Code
Phone Number	E-Mail	Fiscal Year of Registration (Oct 1 st - Sept 30 th)	

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e. person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed).

Name

Mailing Address City State Zip Code

Phone Number Email Address

NAME OF ALL PERSONS HOLDING 5% OR MORE OWNERSHIP INTEREST IN THE ABOVE CORPORATION, PARTNERSHIP OR TRUST YOU REPRESENT:

III. LEGISLATIVE ISSUE INFORMATION

Brief description of issue and specify department, commission or other committee in which you will lobby (attach additional sheet, if necessary)

THE CITY CLERK SHALL REJECT ANY STATEMENT WHICH DOES NOT DETAIL THE ISSUE ON WHICH THE LOBBYIST HAS BEEN EMPLOYED.

IV. PERSONAL AFFILIATIONS

Lobbyist identified under Section 2.11.1(s) of the Miami-Dade County Code, as amended and Section 2-18 of the City Code, shall state the extent of any business or professional relationship with any member of the City Commission (please state below).

Have you been employed by the City of Opa-locka in the last two (2) years?

☐ Yes ☐ No

If yes, please state the department in which you were employed: _____

V. OATH

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND I HAVE READ AND AM FAMILIAR WITH THE PROVISIONS IN THE MIAMI-DADE COUNTY CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE AS AMENDED AND THE CITY OF OPA-LOCKA LOBBYIST ORDINANCE, INCLUDING WITHDRAWAL AND REPORTING REQUIREMENTS.

Lobbyist (Print Name)

Lobbyist Signature

State of Florida, County of Miami-Dade

_____ Personally Known or _____ Produced ID Type of ID Produced: _____

Sworn and subscribed before me on this _____ day of _____, 20_____.

Notary Public

VI. FEES

Annual Registration Fee: \$300.00 **per Lobbyist, per Issue**

Registration Fee Paid

☐ Check # _____ ☐ Credit Card (In-Person Only) ☐ Not-For-Profit