



*The city of  
bright opportunities*  
f t @opalockafl

## OCCUPATIONAL LICENSE RENEWAL FORM

LICENSE NO. 99000 \_\_\_\_\_

BUSINESS NO. 99010 \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

OWNER/MANAGER (PLEASE PRINT) \_\_\_\_\_

BUSINESS TEL. NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

APARTMENT BUILDINGS/ROOMING HOUSES: NUMBER OF APARTMENTS \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_

BEAUTY SALON/BARBER/NAIL SALON-NUMBER OF CHAIRS \_\_\_\_\_

BUSINESS CLASSIFICATION/TYPE: \_\_\_\_\_

ANY CHANGES SINCE LAST YEAR? YES\_ NO\_ IF "YES," EXPLAIN:

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Business Owner/Agent Signature

State of Florida County of Miami-Dade

Sworn to and subscribed before me this \_\_\_\_\_ day of, 20 \_\_\_\_\_. By: \_\_\_\_\_

Personally Known  or Produced Identification \_\_\_\_\_

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Notary Signature

Notary Seal

THE OWNER/AGENT MUST PROVIDE A COPY OF PROPER PHOTO IDENTIFICATION AND COPIES OF ALL REQUIRED DOCUMENTS TO RENEW THIS LICENSE. FAILURE TO SUBMIT PROPER DOCUMENTATION AND PAYMENT SHALL RESULT IN THE DELAY OF ISSUING THE LICENSE.