



The city of
bright opportunities
f t i @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:

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 _____

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.