

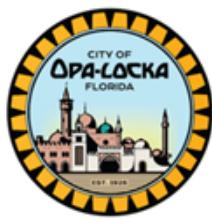


All business owners in the City of Opa-locka are required to have a Certificate of Use and a Business License before opening their business. Please complete the following and submit either by mail or in person. Office Hours: 8:30 a.m. to 3:30 p.m. Monday – Friday. **We do not accept applications by E-mail.**

- 1. Business License Application:** The application must be fully completed and notarized.
- 2. Certificate of Use Application:** The application must be fully completed and notarized.
- 3. Copy of Executed Lease or Recorded Warranty Deed**
- 4. Copy of Employer Identification Number (EIN) Corporate Document**
- 5. Copy of Articles of Incorporation or Annual Report**
- 6. Copy of Fictitious Name Affidavit:** or a written statement signed by the applicant, stating the reason they need not comply with the Fictitious Name Act.
- 7. Copy of State Issued Photo Identification**
- 8. Copy of Waste Removal: Great Waste or Waste Management. (If Medical office must show proof of additional waste pick-up.)**
- 9. Copy of Miami-Dade Water & Sewer account**
- 10. Copy of Health Inspection:** Any establishment preparing/selling food is required to submit this report.
- 11. Fees:** After all required reviews and inspections are approved your application will be ready for payment. Please do not send the payment until everything is approved. The Certificate of Use fee is \$150 and the Business License is assessed based upon Chapter 2 of the City of Opa-locka Municipal Code of Ordinances.

Questions or Concerns? Please call (305) 953-2868 or E-mail building@opalockafl.gov

If you have received a Notice of Violation from the City for not having a Local Business Tax Receipt, your complete application must be submitted within 7 working days after the date of violation, or an additional violation fee will be assessed.



CITY OF Opa-locka
LICENSING DEPARTMENT
BUSINESS LICENSE APPLICATION

PURSUANT TO OPA-LOCKA CITY CODE SEC 2-97, CITY OF OPA-LOCKA, I HEREBY MAKE AN APPLICATION FOR:

New Business New Home Occupation Business Add New Professional to an Existing Business
 Location Transfer Ownership Transfer Other (specify) _____

From Opa-locka Business Name/Address: _____

To Opa-locka Business Name/Address: _____

BUSINESS INFORMATION

Select the legal form of your business: Corporation Partnership Sole Proprietorship

Business / Professional's Name _____ DBA _____

Business Address _____ Suite _____ City _____ State _____ Zip Code _____

Mailing Address _____ Suite _____ City _____ State _____ Zip Code _____

E-mail Address _____ Business Phone No. _____ Emergency Phone No. _____

Corporation / Owner's Name _____ Federal Employer ID No. _____ Square Feet _____

BUSINESS TYPE (Please indicate what products will be sold or what services rendered)

Maximum Number of: Seats _____ Tanning Units _____ Room/Apartments _____ Vehicles _____ Vending Machines _____ Boat Slips _____

If you are sharing space with another Opa-locka Business / Professional, you must provide the current:

Name of Business _____ Opa-locka Business License No. _____

IT IS YOUR RESPONSIBILITY, AS THE TENANT OR OWNER OF THE BUSINESS; TO OBTAIN ALL NECESSARY APPROVALS AND MAKE SURE THE CERTIFICATE OF USE AND OCCUPANCY IS PAID FOR AND ISSUED, PRIOR TO OCCUPANCY. IT MUST BE POSTED ON PREMISES AT ALL TIMES. FINES WILL BE ASSESSED FOR FAILURE TO OBTAIN THE CERTIFICATE PRIOR TO OCCUPANCY. I AFFIRM THAT THE INFORMATION GIVEN ON AND WITH THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AUTHORIZED TO REPRESENT THE FIRM IN ALL MATTERS CONNECTED WITH THIS BUSINESS. ANY INTENTIONAL MISREPRESENTATION ON THIS APPLICATION COULD RESULT IN THE REVOCATION OF THE CERTIFICATE OF OCCUPANCY AND/OR POSSIBLE ACTION BEING INITIATED AGAINST THE BUSINESS.

Business Owner/Corporate Officer Name _____ Business Owner/Corporate Officer Signature _____ Date _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of physical presence or online notification,

this _____ day of _____, _____, by _____ who is:

Personally Known to me, or Produced Identification Type of identification produced _____

Notary Stamp:

Signature of Notary Public _____

OFFICE USE ONLY	Process No. _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date _____
	Reviewer _____	Comments, Conditions & Limitations: _____ _____ _____	



CITY OF Opa-locka

BUILDING & LICENSING

APPLICATION FOR CERTIFICATE OF USE

PURSUANT TO OPA-LOCKA CITY CODE SEC 2-97, A certificate of use shall be required prior to the issuance of any new local business tax receipt. The fee for such certificate of use is \$150.00. The original certificate of use must be always posted at the business location. Failure to comply with conditions can result in the certificate being revoked.

BUSINESS OWNER INFORMATION

Business Owner/Corporation/Partnership	Business Name		
Business Address	Suite	City	State Zip Code
Mailing Address	Suite	City	State Zip Code
E-mail Address	Business Phone No.		Other Phone No.

LOCATION INFORMATION

I acknowledge, accept, and agree to comply with any conditions of approval, which were agreed to in the form of Zoning Resolutions or Deed Restrictions on said property. The zoning use on said property shall not be changed unless a new Certificate of Use, which allows such changed use, is first obtained from the City of Opa-locka Licensing Department. I hereby agree to abide by all zoning and building regulations.

Zoning District	Folio No.
-----------------	-----------

BUSINESS INFORMATION

In consideration of the issuance of a **Certificate of Use** for the following specific permitted use, the undersigned, Owner(s) or Lessee(s) of the property herein described, hereby agrees, and binds myself, or ourselves, and my, or our heirs, successors and assigns that the only business to be conducted on the hereinafter legally described property will be:

Commercial Vehicles Stored Here? Yes No (mark one) Existing/Proposed Signage? Yes No (mark one)

Business Type	Business Sub-Type	Previous Occupant/CU No.	Previous Business Type
---------------	-------------------	--------------------------	------------------------

Above describe in detail the nature and type of business to be conducted on the premises

This agreement is hereby made and accepted as a condition of the issuance of the above-mentioned Certificate of Use. It is further understood and agreed that this agreement shall remain in full force and effect, and be binding upon the undersigned, their heirs, successors and assigns until such time as the same may be released in writing by the City Manager or his designee.

Business Owner/Corporate Officer Name	Business Owner/Corporate Officer Signature	Date
STATE OF _____	COUNTY OF _____	
The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notification, this _____ day of _____, _____, by _____ who is:		
<input type="checkbox"/> Personally Known to me or <input type="checkbox"/> Produced Identification	Type of identification produced _____	

Signature of Notary Public

Notary Stamp:

ZONING REVIEW OFFICE USE ONLY	Process No. _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date _____
	Reviewer _____	Comments, Conditions & Limitations: _____	
	Zone _____	_____	
	Class _____	Zoning Approval Signature _____	

MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE

<i>*Section 1 & 2 must be completed prior to submittal for review accompanied with the municipal application along with the payment of the initial review fee. Submittal of application may result in further reviews and additional fees incurred.</i>		DATE
SECTION 1 – BUSINESS INFORMATION (to be completed by Applicant)		
SITE/BUSINESS ADDRESS	UNIT/SUITE#	PROPERTY TAX FOLIO NUMBER
BUSINESS OWNER NAME	BUSINESS NAME OR DBA	
MAILING ADDRESS	CITY	STATE
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBER	E-MAIL
SQUARE FOOTAGE OF UNIT(S):	PROPOSED USE/TYPE OF BUSINESS	
<i>Please note that a lease agreement may be requested to verify square footage.)</i>	<i>Please note that some business types may require a DERM Operating Permit. To determine if your business requires an operating permit(s), please see page 2 of this application.</i>	
Signature of applicant confirms the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued.		
PRINT NAME	SIGNATURE	
SECTION 2 – MUNICIPAL INFORMATION (to be completed by Municipal Official or Staff)		
MUNICIPAL CERTIFICATE OF USE APPLICATION NUMBER	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
Was a building permit required to establish/expand the current proposed use? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide the following:		
MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER	
MUNICIPAL OFFICIAL PRINT NAME	TITLE	
SIGNATURE	TELEPHONE NUMBER	

Please note that if your business type is not listed below it may not exempt you from the requirement of obtaining an operating permit.
 To obtain a copy of the specific operating permit application, please visit our website at <http://www.miamidade.gov/permits/> or to verify if you require an operating permit contact us at (786) 315-2800.

TYPE OF BUSINESS / SPECIFIC USE	REQUIRED OPERATING PERMIT(s)
Agricultural Packing Houses	AW
Air Conditioning Repair	AP (if coating or painting) and IW5
Aircraft Dismantling, Maintenance, Repair	AP and IW or IW5 or IWP
Animal Grooming/Kennels	IW5
Animal Hospital/Clinic	IW5
Asphalt Plants	AP and IW or IW5
Automotive Repair	IW5
Boat Manufacturing	AP and IW5
Boat Repair, Maintenance	AP and IW5 and MOP
Body Shops with Painting	AP and IW5
Carpentry Shop	AP and IW5
Chemical Manufacturing	AP and IW or IW5 or IWP
Chemical or Medical laboratory	AP and IW5
Concrete Batch Plants	AP and IW5
Crematories (Human or Animal)	AP
Doctors and Dentist with X-ray Developing	IW5 and One-Time Compliance Report for Dental Dischargers (40 CFR 441.50)
Dry Cleaners	AP (if using perchloroethylene "PERC") and IW5
Food Processing Facilities	AP and GDO or IWP
Funeral Homes with Embalming	AP (if cremations conducted on-site) and IW5
General – businesses that use, handle, store or generate hazardous materials or hazardous waste	IW5
General – businesses inside wellfield protection areas and served by septic tank systems	IW6
General – businesses requiring handling, purchase or sale refrigerants containing ozone-depleting compounds	APCF
General – businesses that use a potable water supply well	PWO
General Construction Contractor	IW5
Industrial Facilities	AP and IW or IW5 or IWP
Industrial/Commercial Laundry	IW or IW5 or IWP
Junkyards	AP and IW5
Machine Shop	AP and IW5
Marinas	AP and MOP
Metal Finisher	AP and IWP
Pharmaceutical Manufacturing	AP and IWP
Photographic Film Processing	IW5
Plastics Manufacturing	AP and IW or IW5 or IWP
Powder Coating	AP and IW5 or IWP
Precious Metals Handling	AP and IW5
Print Shop	AP and IW5
Resource Recovery/Scrap Metal Facilities	AP and SW
Restaurants/Food Service Establishments	GDO
Rock Mining Operations	AP (if crushing activities on-site) and IW5
Silk Screening	AP and IW5
Stone Cutting	IW5
Tire Sales and Related Services	IW5
Transmission Repair Shop	IW5
Transporters of Liquid Wastes and Hazardous Materials	LW

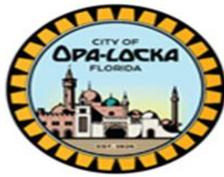
Operating Permit Abbreviation Key:

AP – Air Operating Permit
 APCF – Stratospheric Ozone Protection
 AW – Agricultural Waste

GDO – Grease Discharge
 IW5 – Industrial Facility
 IW6 – Wellfield Protection

IW – Industrial Facility
 IWP – Industrial Waste Pretreatment
 LW – Liquid Waste Transporters

MOP – Marine Facility
 PWO – Potable Water Supply
 SW – Solid Waste



City of Opa-Locka
780 Fisherman St.
Opa-Locka, Fl 33054

Office Hours:
Mon thru Fri
8:30 am until 4:30pm
Process No._____

VERIFICATION AND AVAILABILITY OF WATER AND SEWER FORM

PART I

Business Name: _____

Business Address: _____

Telephone: _____

Type of Business: _____

PART II

This is to certify that the above address, _____ Has Water yes____ or no____ and Sewer yes____ or no____ Service Connections with the City of Opa-Locka Has water yes____ or no____ and Sewer____ yes or no____ Available with the City of Opa-Locka.

Lift Station# _____ servicing existing yes____ or no____

Further approval of this property services connection (s) must be obtained from D.E.R.M.

Department of P/W Utilities

Date

Procedure: 1) Business Owner/Applicant fill out **PART I**

2) Business Owner/Applicant takes this form to the Opa-Locka Public Works Department at **780 Fisherman St Opa-Locka, Fl 33054** and they will fill out.
PART II. Telephone: 305-953-2868 ext. ***1403 or *1404**

Non-Refundable Application Fee: \$25.00

Methods of payment: Personal or Cashier Check, Money Orders, Debit or Credit card.

******* 48 hours pick-up *******