



MIAMI-DADE COUNTY FIRE RESCUE
 FIRE PREVENTION / FIRE MARSHAL'S OFFICE
 9300 NW 41 STREET, DORAL, FLORIDA 33178 ■ 786.331.4800

OPERATING PERMIT APPLICATION

DATE: _____

BUSINESS INFORMATION

BUSINESS LEGAL NAME OR DBA: _____

ADDRESS: _____ UNIT/BLDG#: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS MAILING ADDRESS: _____ UNIT/BLDG#: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS OWNER/CORPORATION NAME: _____

TITLE: _____ PHONE #: _____

E-MAIL: _____

TYPE OF BUSINESS [DESCRIBE IN DETAIL]: _____

MATERIALS SOLD/STORED

MATERIALS TO BE STORED/SOLD [DESCRIBE IN DETAIL IF ANY]: _____

STORAGE/SALE OF FLAMMABLE, COMBUSTIBLE, AND/ OR HAZARDOUS MATERIALS ON SITE?

IF ONE OF THE ABOVE HAS BEEN CHECKED, PLEASE DESCRIBE: _____

MY SIGNATURE BELOW VERIFIES THE ABOVE INFORMATION IS TRUE AND CORRECT.

I UNDERSTAND AND ACCEPT THAT NO CHANGES OR REFUNDS CAN BE MADE TO THE OPERATING PERMIT ONCE ISSUED.

I AM AUTHORIZED TO SIGN FOR THE BUSINESS AND UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION ON THIS APPLICATION MAY RESULT IN THE REVOCATION OF THE ANNUAL OPERATING PERMIT AND/OR POSSIBLE ENFORCEMENT ACTION BEING INITIATED AGAINST THE BUSINESS AND/OR ITS AUTHORIZED REPRESENTATIVES.

I FURTHER UNDERSTAND THAT A CERTIFICATE OF OCCUPANCY (CO) IS A PREREQUISITE TO OBTAINING AN ANNUAL OPERATING PERMIT.

APPLICANT: _____
PLEASE PRINT NAME SIGNATURE

DEPARTMENT USE ONLY

PERMIT TYPE: _____ HAZ FEE?: YES NO PERMIT #: _____

FIRE INSPECTOR: _____
PLEASE PRINT NAME SIGNATURE

DATE COMPLETED: _____