

Department of Regulatory and Economic Resources

Business Affairs Division
Office of Consumer Protection
601 NW 1st Court, 18th Floor
Miami, Florida 33136

Tel: 786-469-2300 🕾 Fax: 786-469-2311 🕾 email: <u>license@miamidade.gov</u>

APPLICATION FOR MOTOR VEHICLE REPAIR BUSINESS REGISTRATION

Application Type: Check one of the following:				
☐ Initial ☐ Renewal	□2yr Renewal			
Type of Business: Check all that apply:				
Fixed Repair Facility	☐ Mobile Repair Facility			
	Year/Make/Model:			
	VIN #:			
TYPE OF OWNERSHIP: Check one of the following:				
Corporation Sole Proprietor	Fictitious Name Other			
BUSINESS INFORMATION:				
Company Name:		-		
D/B/A:				
		-		
Mailing Address:		-		
Phone Number: Fax Number:	Cell Number	-		
Email Address:	mail Address: County MVR License Number:			
Federal Tax Identification Number (FEID#):		_		
OWNER/OFFICER INFORMATION: (Plea	ase attach a separate paper for additional owners/officers)			
Owner/Officer Name:	Owner/Officer Name:	-		
Position:	sition: Position:			
Date of Birth:	Date of Birth:			
Address & Zip Code:	Address & Zip Code:			
Owner/Officer Name:	Owner/Officer Name:			
Position:				
Date of Birth:				
dress & Zip Code: Address & Zip Code:				

Please answe	er yes or no to th	e following questions:	
Yes □ No □	Have you or any partners or corporate officers, as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance, or any other lawful order of the Miami-Dade County Consumer Protection Division with regard to the operation of a Motor Vehicle Repair Business? <i>If yes, please provide details on a separate sheet.</i>		
Yes □ No □	Do you owe money to Miami-Dade County, either individually or through any other business? (Unpaid Liens, etc. If yes, please provide details on a separate sheet.		
Please Provi	de the Following	:	
	fany other corporation pair business within th	n, entity, or trade name through which any e past 5 years:	owner, director or officer has engaged i
Person Active	ely in Charge of tl	ne Shop:	
Name:		Title:	
Home Address: _		City/State/Zip:	
Home Phone Nui	mber: ()	Mobile Number: (
*** Business is checked off AUTOMOBILE, LI AND TRAILER RE Engine Repair Automatic Trains Manual Trans Front-End (Su Brake Repair Electrical & E Heating & Air	IGHT TRUCKS PAIRS *** r ansmission	certified mechanics/technicians that a HEAVY DUTY TRUCKS OVER 10, 000 GVW REPAIRS *** Truck Engine Repair - Gasoline Truck Engine Repair - Diesel Truck Drive Train Truck Brake Repair Truck Suspension & Steering Truck Electrical Systems COLLISION & PAINT REPAIRS *** Structural Repairs (Body & Collision) Painting & Refinishing Non-Structural Repairs	OTHER / MINOR REPAIRS Motorcycle Repairs Recreational Trailer Repair Oil Change Only Glass Installation Muffler Installation Only Tire Installation Only Alarm/Radio Installation Only Window Tinting Vehicle Upholstery Vehicle Graphics & Wraps
Other Repairs:		·	

Please list all your Certified Technicians & Apprentices	s: (Attach a separate sheet if necessary)	
Mechanic Name:	License No:	
Mechanic Name:		
Mechanic Name:		
Mechanic Name:	License No:	
Mechanic Name:	License No:	
Mechanic Name:	License No:	
Complete the following checklist including	those items attached or enclosed with this application:	
- Renewal Applications Need C	Only Include the <u>Underlined</u> Items Below –	
Completed Application	County Local Business Tax Receipt	
License Fees	Copy of Owner's Driver's License	
Certified Mechanic(s) for all Repairs Applied For	City Local Business Tax Receipt, if applicable	
Articles of Incorporation or Fictitious Name Reg.	State Sales Tax Registration Certificate	
Garage Liability & Garage Keepers Insurance Cert.	☐ Federal Employer Identification Document from IRS ☐ DERM Permit	
Vehicle Registration (Mobile Businesses Only)		
foregoing application and verify that the facts stated in it a Code of Miami-Dade County and all other applicable laws. violations of the Miami-Dade County Code. I acknowledge Miami-Dade County, the license number appearing on the requirement pertains to all media to include: free and paid cards, flyers, radio, television, internet ads, commerical veh motor vehicle repairs requiring certification shall be inspecdisclosed on this application. I acknowledge that omissions	I understand that civil penalties may be imposed for that, pursuant to Article VII of Chapter 8A of the Code of license certificate must appear in all advertisement. This listings in telephone directories, business forms, business hicle adds, signs announcements, and displays. I affirm that ted and approved in writing by the certified technicians s or false statements will be grounds for suspension, a racknowledge that all license fees are non-refundable and	
There are two options for submission: 1) Print this application, sign and date, and mail to our office witl 2) e-sign, upload along with required items from checklist above https://energov.miamidade.gov/EnerGov Prod/SelfService#/hor	at	
Instructions for e-sign: 1) type /s/ at the beginning of each signature block; 2) then type Your e-signature should appear as: /s/ Jane Doe	your full name; 3) date the application.	
An electronic signature has the same force and effect as a written	n signature, pursuant to Section 668.004, Florida Statutes	
APPLICANT SIGNATURE	 DATE	