



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: _____

Address : _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ Cell Number _____

Email Address: _____ County MVR License Number: _____

Federal Tax Identification Number (FEID#): _____

OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: _____

Owner/Officer Name: _____

Position: _____

Position: _____

Date of Birth: _____

Date of Birth: _____

Address & Zip Code: _____

Address & Zip Code: _____

Owner/Officer Name: _____

Owner/Officer Name: _____

Position: _____

Position: _____

Date of Birth: _____

Date of Birth: _____

Address & Zip Code: _____

Address & Zip Code: _____

Please answer yes or no to the 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? *If yes, please provide details on a separate sheet.*

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 Provide the Following:

List the names of any other corporation, entity, or trade name through which any owner, director or officer has engaged in motor vehicle repair business within the past 5 years:

Person Actively in Charge of the Shop:

Name: _____

Title: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: (____) _____ - _____

Mobile Number: (____) _____ - _____

REPAIR CATEGORIES APPLIED FOR

*** Business is required to employ certified mechanics/technicians that are certified in each category of repair checked off

**AUTOMOBILE, LIGHT TRUCKS
AND TRAILER REPAIRS *****

- Engine Repair
- Automatic Transmission
- Manual Transmission
- Front-End (Suspension & Steering)
- Brake Repair
- Electrical & Electronic Systems
- Heating & Air Conditioning
- Engine Performance (Tune-Ups)

**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: (Attach a separate sheet if necessary)

Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
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 Only Include the Underlined Items Below –

- | | |
|---|--|
| <input type="checkbox"/> <u>Completed Application</u> | <input type="checkbox"/> <u>County Local Business Tax Receipt</u> |
| <input type="checkbox"/> <u>License Fees</u> | <input type="checkbox"/> <u>Copy of Owner’s Driver’s License</u> |
| <input type="checkbox"/> <u>Certified Mechanic(s) for all Repairs Applied For</u> | <input type="checkbox"/> City Local Business Tax Receipt, if applicable |
| <input type="checkbox"/> <u>Articles of Incorporation or Fictitious Name Reg.</u> | <input type="checkbox"/> State Sales Tax Registration Certificate |
| <input type="checkbox"/> <u>Garage Liability & Garage Keepers Insurance Cert.</u> | <input type="checkbox"/> Federal Employer Identification Document from IRS |
| <input type="checkbox"/> <u>Vehicle Registration (Mobile Businesses Only)</u> | <input type="checkbox"/> DERM Permit |

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that, pursuant to Article VII of Chapter 8A of the Code of Miami-Dade County, the license number appearing on the license certificate must appear in all advertisement. This requirement pertains to all media to include: free and paid listings in telephone directories, business forms, business cards, flyers, radio, television, internet ads, commercial vehicle adds, signs announcements, and displays. I affirm that motor vehicle repairs requiring certification shall be inspected and approved in writing by the certified technicians disclosed on this application. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a license or permit. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) print this application, sign and date, and mail to our office, or
- 2) e-sign, download/save and email to license@miamidade.gov.

Instructions for e-sign:

1) type **/s/** at the beginning of each signature block; 2) then type your full name; 3) date the application, then download/save the completed application and email to license@miamidade.gov.

Your e-signature should appear as: **/s/ Jane Doe**

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

APPLICANT SIGNATURE

DATE