



Miami Dade County Department of Planning & Zoning

Zoning Permits Section- 11805 SW 26 Street, Suite 106 Miami, FL 33175 Phone 786-315-2666

APPLICATION FOR CERTIFICATE OF USE FOR LIQUOR / BEER AND/OR WINE

New Business Information

Business Address: _____ Unit/Suite: _____
(List all Addresses above)

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Unit/Suite: _____
(List all Addresses above)

City: _____ State: _____ Zip Code: _____

Name of Business/DBA (Doing Business As): _____

Name Corporation: _____

Corporate Officer / Business Owner

Name: _____
(First Name) (Last Name)

Telephone Information

Business Phone Number (____) _____ Fax Number(____) _____

Location Information

Size of Space (sqft) _____ Alcohol Type(s): Liquor Wine Beer

Building Type: Grocery Store Bar Package Store Cabaret Restaurant Lounge Night Club

Other Explain: _____

Will you be sharing space with another business? _____ Comments: _____
(Yes/No)

Will used merchandise be sold on the property? _____ Comments: _____
(Yes/No)

Describe the type of business: _____

Signature of applicant verifies 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 charges or refunds can be made 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 CU and/or possible enforcement action being initiated against the business and/or it's authorized representatives. I further understand that a separate Certificate of Occupancy (CO) is also required and is obtainable from the Building Department.

Print Name: _____ Signature **X** _____

Department Use Only: Do not write below this line

Zoning: _____ Processor: _____

Conditions under which approved: _____

Resolutions: _____

Process Number: _____