CONSUMER PROTECTION DIVISION
140 WEST FLAGLER STREET
SUITE 902
MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222 ☏ Fax: (305) 375-3512 ☏ E-mail: consumer@miamidade.gov

VEHICLE IMMOBILIZATION BUSINESS LICENSE APPLICATION

By Authority of Article III of Chapter 30 of the Code of Miami-Dade County

Please type of Print

Check one: Initial Application ☐ Renewal Application ☐ License # _____

1. Business Name – Enter the exact name used by the business

_____

2. Owner's Name – Enter individual, partnership or corporate name if different than above.

_____

3. Location of Business – Enter location where business is conducted. If more than one location, attach a separate sheet listing all additional locations.
Address:_____ City_____ State_____ Zip Code _____

4. Mailing Address:_____ City _____ State _____ Zip Code _____
5. Budiness Telephone Residence Telephone Beeper/Cellular

_____

6. Ownership Type (Check One):
Sole Proprietor ☐ Partnership ☐ Corporation ☐

7. Principals – Enter the name and address of the individual owner or all partners or all corporate officers, directors and registered agent. (Attach additional sheet, if necessary)

Name Title Social Security Number

_____

Residence Address:

_____
City State Zip Code

_____
Name Title Social Security Number

_____

Residence Address:

_____
City State Zip Code

Name Title Social Security Number

_____

Residence Address:

_____

City State Zip Code

_____

Name Title Social Security Number

_____

Residence Address:

_____

City State Zip Code

8. Date of incorporation or partnership formation or Birth Date of individual: _____

9. List the name(s) of any person(s) associated with your firm who has ever been denied an immobilization business license by Miami-Dade County.

_____

10. **Criminal Background –** State the name, offense and disposition(s) of any applicant, officer, director or partner of the applicant, stockholder owning, holding, controlling or having a beneficial interest in five (5) percent or more of issued and outstanding stock in the corporation or beneficial interest therein, who has any outstanding arrest warrants or who has been convicted of one or more of the following felonies within the preceding five (5) years or three (3) misdemeanors within the thirty-six (36) month period preceding the date of the application: Criminal Homicide; Kidnapping; a sexual offense; an assaultive offense; Robbery; Burglary; Arson; Fraud; Theft if the offense was committed against a person with whom the applicant came in contact with while engaged in the services regulated by this section; Public Indecency; Possession of a weapon; and a violation of any laws regarding controlled substances.