

**MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE**

*\*Section 1 & 2 must be completed prior to submittal for review accompanied with the municipal application along with the payment of the initial review fee. Submittal of application may result in further reviews and additional fees incurred.*

DATE

**SECTION 1 – BUSINESS INFORMATION (to be completed by Applicant)**

SITE/BUSINESS ADDRESS	UNIT/SUITE#	PROPERTY TAX FOLIO NUMBER	
BUSINESS OWNER NAME	BUSINESS NAME OR DBA		
MAILING ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBER	E-MAIL	
SQUARE FOOTAGE OF UNIT(S):	PROPOSED USE/TYPE OF BUSINESS		
<i>Please note that a lease agreement may be requested to verify square footage.)</i>	<i>Please note that some business types may require a DERM Operating Permit. To determine if your business requires an operating permit(s), please see page 2 of this application. this application</i>		

Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law.

Signature of applicant confirms 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 changes or refunds can be made once issued.

PRINT NAME	SIGNATURE
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**SECTION 2 – MUNICIPAL INFORMATION (to be completed by Municipal Official or Staff)**

MUNICIPAL CERTIFICATE OF USE APPLICATION NUMBER	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
Was a building permit required to establish/expand the current proposed use? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, provide the following:</i>		
MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER	
MUNICIPAL OFFICIAL PRINT NAME	TITLE	
SIGNATURE	TELEPHONE NUMBER	

**Please note that if your business type is not listed below it may not exempt you from the requirement of obtaining an operating permit.** To obtain a copy of the specific operating permit application, please visit our website at <http://www.miamidade.gov/permits/> or to verify if you require an operating permit contact us at (786) 315-2800.

TYPE OF BUSINESS / SPECIFIC USE	REQUIRED OPERATING PERMIT(s)
Agricultural Packing Houses	AW
Air Conditioning Repair	AP (if coating or painting) and IW5
Aircraft Dismantling, Maintenance, Repair	AP and IW or IW5 or IWP
Animal Grooming/Kennels	IW5
Animal Hospital/Clinic	IW5
Asphalt Plants	AP <b>and</b> IW <b>or</b> IW5
Automotive Repair	IW5
Boat Manufacturing	AP <b>and</b> IW5
Boat Repair, Maintenance	AP <b>and</b> IW5 <b>and</b> MOP
Body Shops with Painting	AP <b>and</b> IW5
Carpentry Shop	AP and IW5
Chemical Manufacturing	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Chemical or Medical laboratory	AP <b>and</b> IW5
Concrete Batch Plants	AP <b>and</b> IW5
Crematories (Human or Animal)	AP
Doctors and Dentist with X-ray Developing	IW5 <b>and</b> One-Time Compliance Report for Dental Dischargers (40 CFR 441.50)
Dry Cleaners	AP (if using perchloroethylene “PERC”) <b>and</b> IW5
Food Processing Facilities	AP <b>and</b> GDO <b>or</b> IWP
Funeral Homes with Embalming	AP (if cremations conducted on-site) and IW5
General – businesses that use, handle, store or generate hazardous materials or hazardous waste	IW5
General – businesses inside wellfield protection areas and served by septic tank systems	IW6
General – businesses requiring handling, purchase or sale refrigerants containing ozone-depleting compounds	APCF
General – businesses that use a potable water supply well	PWO
General Construction Contractor	IW5
Industrial Facilities	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Industrial/Commercial Laundry	IW <b>or</b> IW5 <b>or</b> IWP
Junkyards	AP <b>and</b> IW5
Machine Shop	AP <b>and</b> IW5
Marinas	AP <b>and</b> MOP
Metal Finisher	AP <b>and</b> IWP
Pharmaceutical Manufacturing	AP <b>and</b> IWP
Photographic Film Processing	IW5
Plastics Manufacturing	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Powder Coating	AP <b>and</b> IW5 <b>or</b> IWP
Precious Metals Handling	AP <b>and</b> IW5
Print Shop	AP <b>and</b> IW5
Resource Recovery/Scrap Metal Facilities	AP <b>and</b> SW
Restaurants/Food Service Establishments	GDO
Rock Mining Operations	AP (if crushing activities on-site) <b>and</b> IW5
Silk Screening	AP <b>and</b> IW5
Stone Cutting	IW5
Tire Sales and Related Services	IW5
Transmission Repair Shop	IW5
Transporters of Liquid Wastes and Hazardous Materials	LW

**Operating Permit Abbreviation Key:**  
AP – Air Operating Permit  
APCF – Stratospheric Ozone Protection  
AW – Agricultural Waste

GDO – Grease Discharge  
IW5 – Industrial Facility  
IW6 – Wellfield Protection

IW – Industrial Facility  
IWP- Industrial Waste Pretreatment  
LW – Liquid Waste Transporters

MOP – Marine Facility  
PWO – Potable Water Supply  
SW – Solid Waste