

EXHIBIT B

**Attestation of Compliance with Miami-Dade County's Reopening Guidelines
Following establishment closure pursuant to Emergency Order 23-20 as amended**

NOTE: This attestation shall only be completed if your business has been closed for violation of the New Normal Guidelines. Please complete below before submission by email to covid19businessviolations@mdpd.com.

Date and Time of Closure: _____

Reason for Closure: _____

Enforcing Entity: _____

I _____ acknowledge on behalf of _____
Establishment

located at _____ that I have reviewed Miami-Dade County Emergency Order 23-
20 Address

and the Moving to a New Normal Handbook, both as amended from time to time. These documents were developed and promulgated to limit the spread of COVID-19 and to allow establishments to operate to the safest maximum extent.

I understand the establishment mentioned above may only open in compliance with the Emergency Order 23-20 and the Moving to a New Normal Handbook, both as amended from time to time, until compliance is achieved.

I understand that future violations could result in additional closures, a maximum fine of \$500 and up to 180 days in jail.

Signature of Establishment Owner/Authorized Agent

Date

Telephone Number

Email address