EXHIBIT B

Attestation of Compliance with Miami-Dade County’s Reopening Guidelines following establishment closure pursuant to Emergency Order 30-20

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 30-20 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 30-20 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