



Tel: 786-469-2300



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APPLICATION FOR MOVING BUSINESS REGISTRATION

Application Type: Check one of the following:

Initial

Renewal

2yr Renewal

TYPE OF OWNERSHIP: Check one of the following:

Corporation

Sole Proprietor

Fictitious Name

Other _____

BUSINESS INFORMATION:

Company Name: _____

D/B/A: _____

Address : _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ Cell Number _____

Email Address: _____ County Moving Registration Number: _____

Federal Tax Identification Number (FEID#): _____

Total number of employees currently employed: _____

OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: _____

Owner/Officer Name: _____

Position: _____

Position: _____

Date of Birth: _____

Date of Birth: _____

Address & Zip Code: _____

Address & Zip Code: _____

Owner/Officer Name: _____

Owner/Officer Name: _____

Position: _____

Position: _____

Date of Birth: _____

Date of Birth: _____

Address & Zip Code: _____

Address & Zip Code: _____

Please answer yes or no to the following questions:

Yes **No** Have you, or any partner(s) or corporate officer(s), as applicable, ever been enjoined by court of competent jurisdiction from engaging in the trade or business of moving? *If yes, please provide details on a separate sheet.*

Yes **No** Have you, or any partner(s) or corporate officer(s), as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance of the Miami-Dade County Consumer Protection Division with regard to the operation of a moving business? *If yes, please provide details on a separate sheet.*

Yes **No** Do you, or any partner(s) or corporate officer(s), if applicable owe money to Miami-Dade County, either individually or through any other business, as a result of any of the following: unpaid civil penalties; unpaid administrative costs for a hearing; unpaid County investigative, enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*

Yes **No** Did you within the last five years do business as a mover under any other corporation, entity or trade name as a owner or officer? *If yes, please provide details on a separate sheet.*

ADDITIONAL BRANCH OFFICES: (Please attach a separate paper for additional office addresses.)

Address: _____ Primary Number: (____) ____-____	City/State/Zip: _____ Secondary Number: (____) ____-____
Address: _____ Primary Number: (____) ____-____	City/State/Zip: _____ Secondary Number: (____) ____-____

MOVING VEHICLE(S) INFORMATION (Attach a separate sheet if necessary)

<u>YEAR/MAKE/MODEL</u>	<u>VEHICLE ID/VIN</u>	<u>Gross Vehicle Weight (GVW)</u>	<u>VEHICLE TAG NO.</u>

Complete the following checklist including those items attached or enclosed with this application:

- | | |
|---------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> County Local Business Tax Receipt |
| <input type="checkbox"/> License Fees | <input type="checkbox"/> Articles of Incorporation or Fictitious Name Registration |
| <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Copy of Owner's Driver's License |

General Liability (any amount)

Automobile Liability (minimum \$50,000 for trucks with GVW of less than 35,000lbs or minimum \$100,000 for vehicles with a GVW or more than 35,000 lbs.

Cargo Liability (\$10,000)

Workers' Compensation Coverage
Cobertura del seguro de accidentes de trabajo

The following have been enclosed (Check One):

Lo siguiente ha sido incluido (Marque uno):

- Workers' Compensation Certificate of Insurance; or
Certificado de seguro de accidentes de trabajo; o
- State of Florida Certificate of Exemption; or
Certificado de exención del Estado de la Florida; o
- Letter affirming that Workers' Compensation Insurance is not required by law
(You may use the form below)
Carta de declaración de que las leyes no requieren el seguro de accidentes de trabajo
(Puede utilizar el formulario que consta a continuación)

Letter affirming Workers' Compensation Insurance not required by Florida law

Under penalties of perjury, I, _____, as (Circle One) Individual Owner/General Partner/Officer or Director, Hereby affirm that under Section 440 of the Florida Statutes and other applicable Florida laws, The Business known as: _____ is not required to carry Workers' Compensation Insurance for the following reasons: _____

Signature

Date

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that, pursuant to the Article XVI of Chapter 8A of the Code of Miami-Dade County, the registration number appearing on the registration certificate must appear in all advertisements. This requirement pertains to all media to include: free and paid listings in telephone directories, business forms, business cards, flyers, radio, television and internet ads, commercial vehicle ads, signs, announcements, and displays. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Moving Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) Print this application, sign and date, and mail to our office with fees and required items from checklist above.
- 2) e-sign, upload along with required items from checklist above at https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home and pay fees.

Instructions for e-sign:

- 1) type /s/ at the beginning of each signature block; 2) then type your full name; 3) date the application.
- Your e-signature should appear as: /s/ Jane Doe

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

APPLICANT SIGNATURE

DATE