

APPLICATION FOR CERTIFICATE OF USE FOR LIQUOR / BEER AND/OR WINE

NEW BUSINESS INFORMATION

BUSINESS ADDRESS *(List all Addresses)*

CITY	STATE	ZIP	UNIT/SUITE
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MAILING ADDRESS *(List all Addresses)*

CITY	STATE	ZIP	UNIT/SUITE
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NAME CORPORATION	NAME OF BUSINESS / DBA <i>(doing business as)</i>
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CORPORATE OFFICER / BUSINESS OWNER

FIRST NAME	LAST NAME
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BUSINESS PHONE NUMBER	FAX NUMBER
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LOCATION INFORMATION

SIZE OF SPACE <i>(Sqft)</i>	ALCOHOL TYPE(S) <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Beer
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BUILDING TYPE
 Grocery Store Bar Package Store Cabaret Restaurant Lounge Night Club Other (Explain)

Will you be sharing space with another business? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMENTS
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Will used merchandise be sold on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMENTS
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DESCRIBE THE TYPE OF BUSINESS

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.

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. I further understand that a Certificate of Occupancy (CO) is a prerequisite to obtaining a Certificate of Use

PRINT NAME	SIGNATURE
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DEPARTMENT USE ONLY: DO NOT WRITE BELOW THIS LINE

ZONING	PROCESSOR
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CONDITIONS UNDER WHICH APPROVED

RESOLUTIONS

PROCESS NUMBER *(Begins with letter "U")*