



APPLICATION FOR MOTOR VEHICLE REPAIR BUSINESS REGISTRATION

Application Type: Check one of the following:

☐ Initial ☐ 1YR Renewal ☐ 2YR Renewal

Type of Business: Check all that apply:

☐ Fixed Repair Facility ☐ Mobile Repair Facility

Year/Make/Model: _____

VIN #: _____

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 MVR License Number: _____

Federal Tax Identification Number (FEID#): _____

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 partners or corporate officers, as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance, or any other lawful order of Miami-Dade County Consumer Protection Division with regard to the operation of a Motor Vehicle Repair Business? *If yes, please provide details on a separate sheet.*

Yes ☐ **No** ☐ Do you owe money to Miami-Dade County, either individually or through any other business? (Unpaid Liens, e
If yes, please provide details on a separate sheet.

Please Provide the Following:

List the names of any other corporation, entity, or trade name through which any owner, director or officer has engaged in the motor vehicle repair business within the past 5 years:

Person Actively in Charge of the Shop:

Name: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone Number: (____) _____ - _____ Mobile Number: (____) _____ - _____

Property Owner Information: (not applicable if Mobile)

Name: _____

DBA: _____

Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Folio Number: _____

Phone Number: (____) _____ - _____ Mobile Number: (____) _____ - _____

Email Address: _____

REPAIR CATEGORIES APPLIED FOR:

*Business is required to employ certified mechanics/technicians that are certified in each category of repair checked off

AUTOMOBILE, LIGHT TRUCKS

AND TRAILER REPAIRS ***

- ☐ Engine Repair
- ☐ Automatic Transmission
- ☐ Manual Transmission
- ☐ Front-End (Suspension & Steering)
- ☐ Front-End (Parts Only)
- ☐ Brake Repair
- ☐ Electrical & Electronic Systems
- ☐ Heating & Air Conditioning
- ☐ Engine Performance (Tune-Ups)
- ☐ Light Vehicle Diesel Engine Repair

HEAVY DUTY TRUCKS OVER

10, 000 GVW REPAIRS ***

- ☐ Truck Engine Repair - Gasoline
- ☐ Truck Engine Repair - Diesel
- ☐ Truck Drive Train
- ☐ Truck Brake Repair
- ☐ Truck Suspension & Steering
- ☐ Truck Suspension (Parts Only)
- ☐ Truck Electrical Systems

COLLISION & PAINT REPAIRS ***

- ☐ Structural Repairs (Body & Collision)
- ☐ Painting & Refinishing
- ☐ Non-Structural Repairs

OTHER / MINOR REPAIRS

- ☐ Motorcycle Repairs
- ☐ Recreational Trailer Repair
- ☐ Oil Change Only
- ☐ Glass Installation
- ☐ Muffler Installation Only
- ☐ Tire Installation Only
- ☐ Alarm/Radio Installation Only
- ☐ Window Tinting
- ☐ Vehicle Upholstery
- ☐ Vehicle Graphics & Wraps

Other Repairs:

Subcontracted Specialized Services:

Does your business subcontract any of the following services to another business? (Check all that apply and provide the name of the subcontracted business, if applicable:

- ☐ Painting & Refinishing Name of Subcontracted Business: _____

- ☐
- Structural Repairs (Body & Collision) Name of Subcontracted Business: _____

- ☐ Non-Structural Repairs Name of Subcontracted Business: _____

Please list all your Certified Technicians & Apprentices: (Attach a separate sheet if necessary)

Mechanic Name: _____ License No & Expiration Date: _____

Mechanic Name: _____ License No & Expiration Date: _____

Mechanic Name: _____ License No & Expiration Date: _____

Mechanic Name: _____ License No & _____
Expiration Date: _____

Mechanic Name: _____ License No & Expiration Date: _____

Mechanic Name: _____ License No & Expiration Date: _____

Mechanic Name: _____ License No & Expiration Date: _____

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 with MV Number |
| <input type="checkbox"/> License Fees | <input type="checkbox"/> Copy of Owner's Driver's License |
| <input type="checkbox"/> Certified Mechanic(s) for all Repairs Applied For | <input type="checkbox"/> City Local Business Tax, if applicable |
| <input type="checkbox"/> Articles of Incorporation or Fictitious Name Reg. | <input type="checkbox"/> State Sales Tax Registration Certificate
(Renewal only) |
| <input type="checkbox"/> Garage Liability & Garage Keepers Insurance Cert. | <input type="checkbox"/> Federal Employer Identification Document
from IRS |
| <input type="checkbox"/> Vehicle Registration (Mobile Businesses Only) | <input type="checkbox"/> DERM Permit |
| <input type="checkbox"/> Miami-Dade County Certificate of Use | <input type="checkbox"/> State of Florida MV Registration |

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 Article VII of Chapter 8A of the Code of Miami-Dade County, the license number appearing on the license certificate must appear in all advertisement. This requirement pertains to all media to include: free and paid listings in telephone directories, business forms, business cards, flyers, radio, television, internet ads, commercial vehicle ads, signs announcements, and displays. I affirm that motor vehicle repairs requiring certification shall be inspected and approved in writing by the certified technicians disclosed on this application. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a license or permit. **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, or
- 2) login to the online portal and upload the supporting documentation into attachments

Instructions for e-sign:

1) type **/s/** at the beginning of each signature block; 2) then type your full name; 3) date the application, then download/save the completed 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

All applications must be completed solely by the applicant. Incomplete applications, such as those that do not include all payment, are unsigned, or lack the required documents, will be immediately denied. If someone other than the applicant is providing this application and the required documents, they must also provide a copy of the applicant's photo ID.