## Miami-Dade County Department of Regulatory and Economic Resources APPLICATION FOR CERTIFICATE OF USE

DATE	BUILDING PERMIT				
BUSINESS INFORMATION					
SITE/BUSINESS ADDRESS	UNIT/SUITE	UNIT/SUITE PROPERTY TAX FOLIO NUMBER		BER	
BUSINESS OWNER NAME	BUSINESS NAME OR DBA				
MAILING ADDRESS	CITY		STATE	ZIP	
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBI	ER E	MAIL		
NATURE OF BUSINESS					
DESCRIBE TYPE OF BUSINESS					
☐ Farm Stand ☐ Food Truck ☐ Office ☐ Retail ☐ Short-Term Event					
☐ Temp RV ☐ Warehouse ☐ Wholesale ☐ Other:					
DESCRIBE NATURE OF BUSINESS					
SQUARE FOOTAGE OF UNIT(S) WILL USED MERCHANDISE BE SOLD ON THE	E PROPERTY? A	RE YOU SHARI	E YOU SHARING SPACES WITH ANOTHER BUSINESS?		
☐ YES ☐ NO	☐ YES ☐ NO				
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				
DEPARTMENT USE ONLY					
ZONING	PROCESSOR				
CONDITIONS UNDER WHICH APPROVED					
RESOLUTIONS					
PROCESS NUMBER (Begins with letter "U")					