



CERTIFICATE OF USE APPLICATION

It shall be unlawful to operate any use in the City of North Miami (with the exception of single-family houses and duplexes) without first obtaining a Certificate of Use.

The City of North Miami shall not issue a Business Tax Receipt without the issuance of a Certificate of Use.

The Certificate of Use verifies that the described use being proposed is allowed in the zoning district in which the applicant plans to locate. This verification is based in part upon the permitted uses as identified in the Land Development Regulations (Ch.29, Section 3-212), as well as the uses permitted per the Land Use Element of the City's Comprehensive Plan.

The Certificate of Use is only valid for the specific address, business name, and owner for which it is issued. Any change in use or ownership shall require a new Certificate of Use application.

APPROVAL OF YOUR APPLICATION IS DEPENDENT UPON THE FOLLOWING:

1. A completed application, a copy of the property lease or a notarized letter from the property owner approving your intent to lease, and \$100.00 non-refundable check or money order made to The City of North Miami must be provided at the time of application.
2. A letter of intent **signed by the business owner** describing the business in detail. Guidelines and a sample letter are provided on the final page of this application packet.
3. The Zoning Division shall review the application and location for the proposed use to determine whether the applicant is in compliance with zoning requirements. If the application is not in full accord with building and zoning regulations, the application shall be denied and the applicant notified in writing of the reasons for the denial.
4. Once the Zoning Division's review is completed, the application may require submittal to the Public Works Department. **This requirement shall be dependent upon the change in use as determined by the Zoning Division.**
5. Once the Zoning Division and (if applicable) the Public Works Department's reviews are completed, the application may require submittal to DERM (Department of Environmental Resources Management) located at 11805 Coral Way, Miami, or 701 NW 1st Court, Miami, for water and sewer allocation and/or air permit approval. **This requirement shall be dependent upon the change in use as determined by the Zoning Division and the Public Works Department.**
6. Upon payment of all required fees, the applicant shall bring receipts and proofs of payment (including DERM stamps, if applicable) to the Zoning Division.
7. Prior to obtaining a Certificate of Use, an inspection will be performed at the proposed location. An inspection will also be performed after the issuance of Certificate of Use.
8. Upon approval and issuance of the Certificate of Use, the applicant shall bring the document to the City Clerk's office, located on the 1st floor of City Hall, to apply for a Business Tax Receipt.

Pursuant to the ordinance adopted by the City Council of the City of North Miami and as codified in Ch.29 Sec. 3-212, Art. C. of the Zoning Code of the City of North Miami, all Certificates of Use shall be renewed annually.



CERTIFICATE OF USE APPLICATION

Certificate of Use Application and Processing Fee \$100.00 (Non Refundable)

DATE: _____

BUSINESS INFORMATION:

BUSINESS NAME: _____

ADDRESS OF PROPOSED USE: _____

PROPERTY FOLIO NUMBER: _____

NORTH MIAMI, FLORIDA ZIP CODE: _____ PHONE NO: _____

SQUARE FOOTAGE OF SPACE: _____ (REQUIRED FOR ALL APPLICANTS)

OWNER IS (check one): Sole Proprietorship _____ Partnership _____ Corporation _____

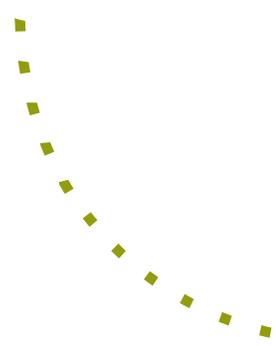
FEDERAL IDENTIFICATION NUMBER: _____

ALTERNATE MAILING ADDRESS (if applicable) _____

CITY/STATE: _____ ZIP CODE: _____ PHONE NO: _____

A COMPLETE AND DETAILED DESCRIPTION OF THE PROPOSED BUSINESS MUST BE ATTACHED TO THIS APPLICATION.

You must include: proposed hours of operation and the leased or owned square footage of proposed business space. If you are a restaurant, bar or nightclub will you serve beer/wine/alcohol? What are the number of seats in the restaurant (indoor and outdoor seating areas) bar or nightclub? Will you have music and entertainment at your restaurant, bar, or nightclub? What type of use/occupancy will the proposed leased or owned space have? (Office, retail, industrial use, restaurant, convenience store...etc) Are you an automotive use? If so what is the nature of your business? If you are a retail operation, are you planning to sell all new merchandise? If you are a Beauty Shop or a Barber Shop, how many cutting stations (chairs) will you have?



BUSINESS OWNER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NO: _____

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NO: _____

“The undersigned has carefully reviewed this application, and all information contained herein has been freely and voluntarily provided. All facts, figures, statements contained in this application are true, correct and complete to the best of my knowledge and belief. The applicant acknowledges and understands that the issuance of a Certificate of Use is contingent upon a zoning compliance inspection and review, as well as approval of the use and assessment of any impact fees that may be levied by the City of North Miami and Miami Dade County’s Department of WASA and DERM. The applicant also acknowledges that a Certificate of Use approval by the City and the County are required prior to the issuance of a Business Tax Receipt by the City of North Miami, which is required prior to operating any business within the City limits.”

STATE OF FLORIDA)
COUNTY OF DADE)

Property Owner's Name (Print)

Sworn and subscribed before me by Owner this

Property Owner *Signature* (must be notarized)

_____ day of _____

Printed name of Applicant (Business Owner)

Notary Public

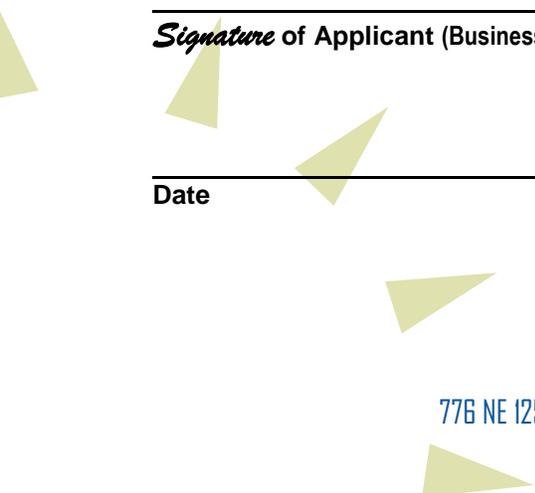
Signature of Applicant (Business Owner)

Stamped Commission Name

Date

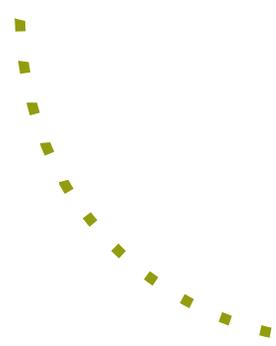
Personally Known _____ Produced I.D. _____

Type of I.D Produced. _____





FOR OFFICIAL USE ONLY



.....
City of North Miami Zoning Approval:

Date: _____ By: _____

Zoning District: _____

PREVIOUS TYPE OF BUSINESS AT LOCATION AS VERIFIED BY THE CITY OF NORTH MIAMI

An Official Copy of the previous Business Tax Information at this location is herewith attached and this copy has been scanned and attached to the computer record of this application:

YES _____ (check) By: _____

.....
City of North Miami Public Works Approval:

Date: _____ By: _____, City Engineer

Impact Fees Assessed (Amount) \$ _____ Date: _____

A copy of the Cashier's Receipt for payment of impact fees is attached. YES _____ Initials: _____

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RESERVED FOR MIAMI DADE COUNTY APPROVAL STAMP BELOW

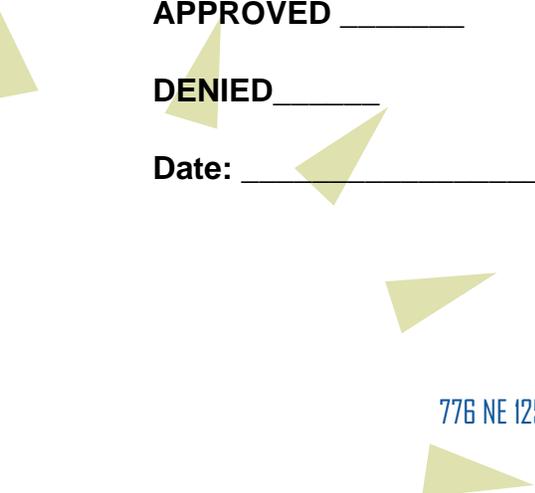
APPROVED _____

DENIED _____

Date: _____

By: _____
Signature

STAMP ABOVE





LETTER OF INTENT

A letter of intent **typed on a separate piece of paper and signed by the business owner** must be provided along with the application and a copy of the lease.

THE LETTER OF INTENT MUST INCLUDE THE FOLLOWING:

1. The function of the business (services the applicant will provide at the business).
2. The operating hours of the business.
3. A letter of authorization if the business owner will not be the person dropping off and picking up the application or Certificate of Use.

THE FOLLOWING ARE ONLY REQUIRED OF SALONS/BARBERSHOPS:

1. Number of stations (including nail stations).
2. Any work that will be done construction-wise if needed.
3. The previous use of the space occupied.

THE FOLLOWING ARE ONLY REQUIRED OF RESTAURANTS:

1. Number of seats/chairs.
2. Any work that will be done construction-wise if needed.
3. The previous use of the space occupied.
4. The alcoholic beverage license being requested (if any).
5. A description of any music or entertainment to be provided (certain types require special approval).

Below is a template of a standard Letter of Intent:

To: City of North Miami,

I, **[applicant name]** am proposing to open a **[type of business]** at **[address]**. The business functions will be as follows: **[detailed description of business services]**. The business hours will be from **[business times]** on **[business days]**.

Thank you,

[Applicant name and signature]

[Date of Application]

IMPORTANT:

**PLEASE ENSURE THAT ALL INFORMATION ON THE APPLICATION IS CORRECT,
AS THERE IS A FEE FOR ALL CHANGES ONCE THE CERTIFICATE OF USE HAS
BEEN ISSUED**