



**City of North Miami**  
Community Planning & Development Department  
Zoning Division  
12400 NE 8th Avenue • North Miami, FL 33161  
305-893-6511 • Ext: 19011 | cuinfo@northmiamifl.gov

CUSTOMER NUMBER

## **Certificate of Use (CU) Application**

**Fee: \$250.00**

### **Application Checklist**

- Complete CU Form
- Copy of Business Owner and/or Applicant's I.D.
- Articles of [Incorporation \(www.sunbiz.org\)](http://www.sunbiz.org)
- Copy of Signed Lease Agreement or Warranty Deed/Closing Statement
- Copy of Fire Inspection Report (*with no violations*) or Annual Operating Permit  
[https://www.miamidade.gov/global/permit.page?Mduid\\_permit=per1518190923457614](https://www.miamidade.gov/global/permit.page?Mduid_permit=per1518190923457614)  
➤ FOR ASSISTANCE PLEASE CALL THE COUNTY: **786-331-5000**
- DERM Approval:  
[www.miamidade.gov/Apps/RER/EPSPortal/PlanReview/CUApplications/Landing](http://www.miamidade.gov/Apps/RER/EPSPortal/PlanReview/CUApplications/Landing)  
➤ FOR ASSISTANCE PLEASE CALL THE COUNTY: **786-315-2800**
- **Application fee** Check/money order **ONLY** made payable to the City of North Miami
- State Licensure, *if applicable*  
(Visit: <https://www2.myfloridalicense.com/licensing-and-regulation/>)
  - Alcoholic Beverage & Tobacco Licenses
  - Beauty Shop Establishment Licenses

■ Non-Transient Apartment Licenses	(5+ units)
■ Hotels & Restaurants	

  
➤ FOR ASSISTANCE PLEASE CALL THE STATE: **850-487-1395**
  - Retail Food Establishment Permit from Florida Department of Agriculture and Consumer Services  
(<https://www.fdacs.gov/Business-Services/Food/Food-Establishments>)
    - *This license is required for the following types of businesses: supermarkets and grocery stores, convenience stores, coffee shops, bakeries, retail meat markets, seafood markets, and juice/smoothie bars*

### **Group Homes/Assisted Living Facilities:**

- The Agency For Health Care Administration (ACHA)
- Agency for Persons with Disabilities - State of Florida (APD)



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Please make sure to fill out the application completely and legibly, and that you submit all required documentation to prevent any delays and/or denial of your application. If the person submitting and/or applying for a CU is not listed on the Articles of Corporation, a notarized Letter of Authorization from the Business Owner is required. If a question does not apply, please write N/A for that item. Payment of fees due upon application does not constitute approval. If your business is opened to the public prior to receiving your CU and Business Tax Receipt (BTR), you are subject to code violations/tickets, liens, or the revocation of said CU.

**TO BE COMPLETED BY APPLICANT**

Establishment of New Business (*New CU*)       Change in Existing Business (*Business/Owner Name, FEIN, address, etc.*)

Previous Business At Location:		Hours & Days of Operation:
Corporate/LLC/Inc Name:		Fictitious Name/DBA Name:
North Miami Business Address:	Square Footage:	Mailing Address:
Business Phone:	Alternate Phone:	IRS FEIN/TAX ID#:
Email Address:		Website:
Proposed Type of Business:		

*Please include all services to be provided and if applicable, number of restaurant seating, salon stations, or number of units in commercial and multi-family properties.*

**TO BE COMPLETED BY PROPERTY OWNER**

Property Owner as shown on MDC Property Appraiser:	Property Owner Mailing Address:
Property Owner/Landlord Name (Printed):	Property Owner/Landlord Signature:
Business Owner/Tenant Name (Printed):	Business Owner/Tenant Signature:

State of _____
County of _____
Sworn and Subscribed to me by Owner this _____ day of _____ 20____
Personally Known _____ Produce ID _____
Type of ID Produced: _____

Notary Name (Printed): _____
Notary Signature: _____
Notary Stamp Here:



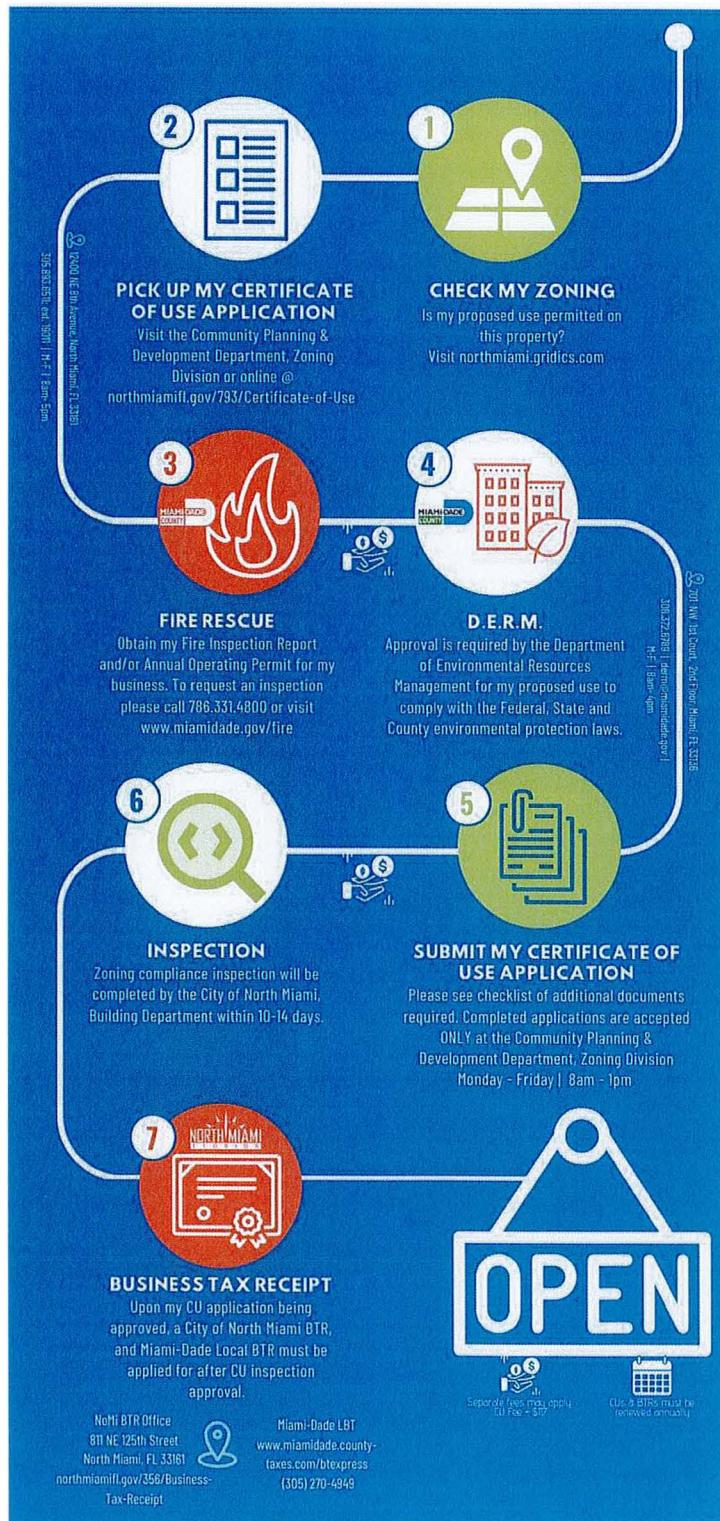
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## **Certificate of Use (CU) Application Process**



**MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE**

<i>*Section 1 &amp; 2 must be completed prior to submittal for review accompanied with the municipal application along with the payment of the initial review fee. Submittal of application may result in further reviews and additional fees incurred.</i>		DATE
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**SECTION 1 – BUSINESS INFORMATION (to be completed by Applicant)**

SITE/BUSINESS ADDRESS	UNIT/SUITE#	PROPERTY TAX FOLIO NUMBER	
BUSINESS OWNER NAME	BUSINESS NAME OR DBA		
MAILING ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBER	E-MAIL	
SQUARE FOOTAGE OF UNIT(S):  <i>Please note that a lease agreement may be requested to verify square footage.)</i>	PROPOSED USE/TYPE OF BUSINESS  <i>Please note that some business types may require a DERM Operating Permit. To determine if your business requires an operating permit(s), please see page 2 of this application.</i>		

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.

Signature of applicant confirms the above information is true and correct. 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.

PRINT NAME	SIGNATURE
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**SECTION 2 – MUNICIPAL INFORMATION (to be completed by Municipal Official or Staff)**

MUNICIPAL CERTIFICATE OF USE APPLICATION NUMBER	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
Was a building permit required to establish/expand the current proposed use? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, provide the following:</i>		
MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER	
MUNICIPAL OFFICIAL PRINT NAME		TITLE
SIGNATURE		TELEPHONE NUMBER

**Please note that if your business type is not listed below it may not exempt you from the requirement of obtaining an operating permit.**  
 To obtain a copy of the specific operating permit application, please visit our website at <http://www.miamidade.gov/permits/> or to verify if you require an operating permit contact us at (786) 315-2800.

TYPE OF BUSINESS / SPECIFIC USE	REQUIRED OPERATING PERMIT(s)
Agricultural Packing Houses	AW
Air Conditioning Repair	AP (if coating or painting) and IW5
Aircraft Dismantling, Maintenance, Repair	AP and IW or IW5 or IWP
Animal Grooming/Kennels	IW5
Animal Hospital/Clinic	IW5
Asphalt Plants	AP <b>and</b> IW <b>or</b> IWP
Automotive Repair	IW5
Boat Manufacturing	AP <b>and</b> IW5
Boat Repair, Maintenance	AP <b>and</b> IW5 <b>and</b> MOP
Body Shops with Painting	AP <b>and</b> IW5
Carpentry Shop	AP and IW5
Chemical Manufacturing	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Chemical or Medical laboratory	AP <b>and</b> IW5
Concrete Batch Plants	AP <b>and</b> IW5
Crematories (Human or Animal)	AP
Doctors and Dentist with X-ray Developing	IW5 <b>and</b> One-Time Compliance Report for Dental Dischargers (40 CFR 441.50)
Dry Cleaners	AP (if using perchloroethylene "PERC") <b>and</b> IW5
Food Processing Facilities	AP <b>and</b> GDO <b>or</b> IWP
Funeral Homes with Embalming	AP (if cremations conducted on-site) and IW5
General – businesses that use, handle, store or generate hazardous materials or hazardous waste	IW5
General – businesses inside wellfield protection areas and served by septic tank systems	IW6
General – businesses requiring handling, purchase or sale refrigerants containing ozone-depleting compounds	APCF
General – businesses that use a potable water supply well	PWO
General Construction Contractor	IW5
Industrial Facilities	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Industrial/Commercial Laundry	IW <b>or</b> IW5 <b>or</b> IWP
Junkyards	AP <b>and</b> IW5
Machine Shop	AP <b>and</b> IW5
Marinas	AP <b>and</b> MOP
Metal Finisher	AP <b>and</b> IWP
Pharmaceutical Manufacturing	AP <b>and</b> IWP
Photographic Film Processing	IW5
Plastics Manufacturing	AP <b>and</b> IW <b>or</b> IW5 <b>or</b> IWP
Powder Coating	AP <b>and</b> IW5 <b>or</b> IWP
Precious Metals Handling	AP <b>and</b> IW5
Print Shop	AP <b>and</b> IW5
Resource Recovery/Scrap Metal Facilities	AP <b>and</b> SW
Restaurants/Food Service Establishments	GDO
Rock Mining Operations	AP (if crushing activities on-site) <b>and</b> IW5
Silk Screening	AP <b>and</b> IW5
Stone Cutting	IW5
Tire Sales and Related Services	IW5
Transmission Repair Shop	IW5
Transporters of Liquid Wastes and Hazardous Materials	LW

**Operating Permit Abbreviation Key:**

AP – Air Operating Permit  
 APCF – Stratospheric Ozone Protection  
 AW – Agricultural Waste

GDO – Grease Discharge  
 IW5 – Industrial Facility  
 IW6 – Wellfield Protection

IW – Industrial Facility  
 IWP – Industrial Waste Pretreatment  
 LW – Liquid Waste Transporters

MOP – Marine Facility  
 PWO – Potable Water Supply  
 SW – Solid Waste