



CITY OF SUNNY ISLES BEACH CERTIFICATE OF USE APPLICATION

BUSINESS INFORMATION:

DATE ____/____/____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY **SUNNY ISLES BEACH** STATE **FLORIDA** ZIP CODE 33160

SQUARE FOOTAGE **(REQUIRED)** _____

TELEPHONE _____ FAX _____

E-MAIL _____

TYPE OF BUSINESS DESCRIBED IN DETAIL _____

Previous type of business in the building in which you will conduct your business: _____

Home Office Office Retail Restaurant Cosmetology Salon Hotel/Motel/Apartment

Other _____

Are you sharing space with another business? YES NO

If the answer is YES, please provide the name of the primary user:

PERSONAL INFORMATION

BUSINESS OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ MOBILE _____

E-MAIL _____

PROPERTY OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ MOBILE _____

E-MAIL _____

“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 also acknowledges and understands that the issuance of a City Certificate of Use is contingent upon a zoning compliance inspection and in conjunction with the issuance of a Certificate of Occupancy, and City Local Business Tax Receipt. Failure to comply with the City’s Ordinances may result in revocation of said Certificate of Use.”

