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APPLICATION FOR LOCKSMITH BUSINESS REGISTRATION

Application Type: Check one of the following:

- CC-TV Only (Please check if the business is only limited to Closed-Circuit Television)
- Initial Renewal 2yr Renewal

TYPE OF OWNERSHIP: Check one of the following:

- Corporation Sole Proprietor Fictitious Name Other _____
- Date of Inc: ____-____-____ D.O.B: ____-____-____ D.O.B.: ____-____-____

BUSINESS INFORMATION:

1. Company Name: _____
2. D/B/A: _____
3. Address : _____
4. Mailing Address: _____
5. Phone Number: _____ Fax Number: _____ Cell Number _____
6. Email Address: _____ County Locksmith License Number: _____
7. 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 _____ |

Person Actively in Charge of Business:

Name: _____

Title: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: (____)____-_____

Mobile Number: (____) ____-_____

Please answer yes or no to the following questions:

Yes No Do you or any partner(s), corporate officer(s) or stockholder(s) have any convictions, in any jurisdiction, whether or not adjudication has been withheld for felonies, misdemeanors or ordinance violations (excluding traffic violations), for robbery, burglary, larceny, theft, possession of a stolen car, breaking and entering, or any other crime related to locksmithing for the past five (5) years for the individual applicant, for each general partner of a partnership or for each owner, officer or director of a corporation. *If yes, please provide details on a separate sheet.*

Yes No Do you or any partner(s), corporate officer(s) or stockholder(s) have any convictions, in any jurisdiction, whether or not adjudication has been withheld of any felony involving moral turpitude relating to sex, the use of a deadly weapon, homicide, violence against a law enforcement officer, or as a habitual violent felony offender for the individual applicant for each general partner of a Partnership, or for each owner, officer, or director of a corporation. *If yes, please provide details on a separate sheet.*

Yes No Do you, or any partner(s) or corporate officer(s), if applicable owe money to Miami-Dade County, either individually or through any other business, as a result of any of the following: unpaid civil penalties; unpaid administrative costs for a hearing; unpaid County investigative, enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*

ADDITIONAL OFFICES: (Please attach a separate paper for additional office addresses.)

Address: _____

City/State/Zip: _____

Primary Number: (____) ____-_____

Secondary Number: (____) ____-_____

Address: _____

City/State/Zip: _____

Primary Number: (____) ____-_____

Secondary Number: (____) ____-_____

LIST ALL PERSONS PERFORMING LOCKSMITH WORK. (Please attach a separate paper for additional names).

LOCKSMITH NAME	CERTIFICATION #

Letter affirming Workers' Compensation Insurance not required by Florida law

Under penalties of perjury, I, _____, as (Circle One) Individual Owner/General Partner/Officer or Director, Hereby affirm that under Section 440 of the Florida Statutes and other applicable Florida laws, The Business known as: _____ is not required to carry Workers' Compensation Insurance for the following reasons: _____

Signature

Date

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 the 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 and internet ads, commercial vehicle ads, signs, announcements, and displays. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Locksmith Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

APPLICANT SIGNATURE

DATE

FOR ALL CORPORATE OFFICERS AND SOLE PROPRIETORS

Social Security Number Collection Policy: Pursuant to section 119.071(5) of the Florida Statutes, agencies are required to adopt a written Social Security Number Collection Policy. The Business Affairs and Consumer Protection Division collects your Social Security number for verification of identification purposes. Please enter your Social Security number in the space(s) provided below. Upon completion of the criminal background search, your Social Security number will be redacted from our file.

Name/Social Security Number

Name/ Social Security Number

Name/Social Security Number

Name /Social Security Number