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APPLICATION FOR MOVING BUSINESS REGISTRATION

Application Type: Check one of the following:

- 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#):
8. Total number of employees currently employed:

OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: Position: Date of Birth: Address & Zip Code
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Owner/Officer Name: Position: Date of Birth: Address & Zip Code

**Please answer yes or no to the following questions:**

- Yes**  **No**  Have you, or any partner(s) or corporate officer(s), as applicable, ever been enjoined by court of competent jurisdiction from engaging in the trade or business of moving? *If yes, please provide details on a separate sheet.*
- Yes**  **No**  Have you, or any partner(s) or corporate officer(s), as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance of the Miami-Dade County Business Affairs & Consumer Protection Division with regard to the operation of a moving business? *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.*
- Yes**  **No**  Did you within the last five years do business as a mover under any other corporation, entity or trade name as a owner or officer? *If yes, please provide details on a separate sheet.*

**ADDITIONAL BRANCH 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: (____) ____ - _____

**MOVING VEHICLE(S) INFORMATION (Attach a separate sheet if necessary)**

<u>YEAR/MAKE/MODEL</u>	<u>VEHICLE ID/VIN</u>	<u>Gross Vehicle Weight (GVW)</u>	<u>VEHICLE TAG NO.</u>

**Complete the following checklist including those items attached or enclosed with this application:**

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Application                     | <input type="checkbox"/> County Local Business Tax Receipt                         |
| <input type="checkbox"/> License Fees                              | <input type="checkbox"/> Articles of Incorporation or Fictitious Name Registration |
| <input type="checkbox"/> Certificate of Insurance (See Attachment) | <input type="checkbox"/> Copy of Owner's Drivers License                           |

- General Liability (any amount)
- Automobile Liability (minimum \$50,000 for trucks with GVW of less than 35,000lbs or minimum \$100,000 for vehicles with a GVW or more than 35,000 lbs)
- Cargo Liability (\$10,000)

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 XVI of Chapter 8A of the Code of Miami-Dade County, the registration number appearing on the registration certificate must appear in all advertisements. 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 Moving Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Workers' Compensation Coverage**  
**Cobertura del seguro de accidentes de trabajo**

The following have been enclosed (Check One):

*Lo siguiente ha sido incluido (Marque uno):*

Workers' Compensation Certificate of Insurance; or  
*Certificado de seguro de accidentes de trabajo; o*

State of Florida Certificate of Exemption; or  
*Certificado de exención del Estado de la Florida; o*

Letter affirming that Workers' Compensation Insurance is not required by law  
(You may use the form below)

*Carta de declaración de que las leyes no requieren el seguro de accidentes de trabajo*  
*(Puede utilizar el formulario que consta a continuación)*

***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