

Pain Clinic Requirements:

1. Signed, completed application.
2. A copy of the Pain Management Clinic license issued by the Florida Department of Health.
3. A copy of a current valid Miami-Dade County local business tax receipt.
4. A copy of a current valid local Municipal business tax receipt (unless located in Unincorporated Miami-Dade County).
5. A copy of the Certificate of Occupancy or Certificate of Use issued by Miami-Dade County, or Municipality in which the clinic is located.
6. A copy of a FL driver's license or government issued I.D. for each owner and each physician identified in the application.
7. A copy of each physician's active State of Florida medical license.
8. A sworn and notarized Owner Attestation for each owner.
9. A sworn and notarized Designated Physician Affidavit (form attached).
10. A sworn and notarized Physician Affidavit (form attached), for each physician identified in the application (who has not completed a Designated Physician affidavit).
11. A floor plan of the clinic showing all areas, including the location of controlled substances.
12. A copy of property ownership records or the lease agreement, if the property is being leased.
13. Reminder: There will be no refunds on fees.
14. Check or money order for the application fee in the amount of \$120.00, plus an additional \$24.00 for each physician background check. A check or money order for the annual registration fee in the amount of \$1,200.00 is due at registration. All checks or money orders must be made payable to: Board of County Commissioners.

All initial registrations must be presented in person at:
Sustainability, Planning and Economic Enhancement
Business Affairs and Consumer Protection
140 West Flagler Street, Suite 902
Miami, Florida 33130-1561
T 305-375-3677 F 305-375-4120