CERTIFICATE OF USE

Procedure to Obtain a Certificate of Use in a Commercial Location

STEP ONE – Before applying for a CERTIFICATE OF USE, contact the Town's Planning and Zoning Department and inquire if the desired use is allowed in the designated zoning district. Contact Zoning Department at: (305) 364-6100.

STEP TWO – Submit application for review to Town of Miami Lakes

1. Fill out "**CERTIFICATE OF USE APPLICATION (CU)**" *(page 3)* and "**MUNICIPAL APPLICATION FOR CERTIFICATE OF USE**" *(page 4)*.
   **Only for medical related uses, CERTIFICATE OF USE CHECKLIST, Medical Office or Clinics, Medical or Dental Laboratories, and Pain Management Clinics (page 2).*

2. Contact "**MIAMI DADE COUNTY FIRE RESCUE REQUEST FOR INSPECTION**" for New Business/Certificate of Use **(786) 331- 4800**

STEP THREE – Once you have obtained Fire Inspection Approval:

1. Bring the original **CERTIFICATE OF USE APPLICATION**, **MDC CU** Application, fully executed **LEASE AGREEMENT**, a **FLOOR PLAN**, **FIRE** inspection report, **ARTICLES OF INC**, and the completed Town of Miami Lakes **BUSINESS TAX** receipt (BTR) application to the Town of Miami Lakes for final processing. *(Certificate of Use will be sent electronically to Miami Dade County (MDC) DERM)*

2. **Pay** for Certificate of Use (CU) – Town of Miami Lakes
   - You can pay by check, credit card or online, checks payable to: ***TOWN OF MIAMI LAKES***
   - **FEES:** The fees for obtaining a Certificate of Use for a business are as follows: $0.034 per square foot of occupied area (minimum $108.30 and maximum $718.20). Additionally, an inspection fee $36.48 will be charged.
   - Applicant will receive an email from MDC DERM with a link to pay fees. *(Must be paid within 72 Hrs.)*

STEP FOUR – Once Application returns "Approved" from MDC DERM and all Fees are paid by the Applicant, Town of Miami Lakes will call to schedule a Zoning Inspection

1. Zoning Official will inspect property.
2. Once CU is approved you will receive an email for the payment of the **BTR**, *once paid, your CU and BTR will be issued and emailed to you*, or it can be picked up in our offices 6601 Main Street, Miami Lakes, FL 33014.

*****All items and applications must be filled out and submitted at the same time.***

*****All licensed individuals working within the town of Miami Lakes are required to obtain their own personal BTR separate from the business BTR, no exceptions.***

***** Approximately 10 - 14 business day process.***

Permit #:_____Date: _____
Address: _____

CERTIFICATE OF USE CHECKLIST

Medical Office or Clinics, Medical or Dental Laboratories, and Pain Management Clinics

Pursuant to Ordinance 11-133 of the Town of Miami Lakes: Medical offices or clinics, medical or dental laboratories, and pain management clinics shall, in addition to all other information required by the Town's Code, shall provide as part of the certificate of use application:

- A detailed statement of the nature of the proposed practice, inclusive but limited to information such as:
  - Type of medicine practiced
  - Hours of operation
  - Number of doctors
  - Licenses of doctors
  - Locations of other branches, *if any.*

Any applicant for a certificate of use for a medical office or clinic, medical or dental laboratory or pain management clinic, shall also address the following in writing *(Please circle yes or no, when required provide additional information)* :

Yes No 1) Whether the proposed use is licensed as a facility pursuant to Chapter 395, Florida Statutes. If yes, provide license No._____

Yes No 2) Whether the majority of the physicians who provide services in the propose use primarily provide surgical services

Yes No 3) Whether the proposed use is owned by publicity held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded $50 million. If yes, provide Name _____

Yes No 4) Whether the proposed use is affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows. If yes, identify_____

Yes No 5) Whether the proposed use does not prescribe or dispense controlled substances for the treatment of pain

Yes No 6) Whether the proposed use is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3). If yes, provide Name_____

Yes No 7) Provide proof that he/she has obtained or complied with all required State, County and or local certifications, registrations, licenses or other requirements and all such items are in good standing and are currently valid. If yes, provide copies certifications, registrations and licenses.

Yes No 8) Provide the Drug Enforcement Administration number of each physician practicing at the business or under contract with the business and verify that the Drug Enforcement Administration number has been revoked. If yes, provide Name of Doctor_____ DEA #_____

Yes No 9) Whether the applicant's license to prescribe, dispense or administer controlled substances has ever been denied by any jurisdiction or governmental agency.

The Director shall determine whether the proposed medical office or clinic, medical or dental laboratory or pain management clinical shall be classified as a pain management clinic based on the information provided at the time of the application for the certificate of use. A pain management clinic shall be subjected to the requirements of Division 6.10(b)

Applicant's Signature_____

MIAMI LAKES
Growing Beautifully

Certificate of Use Application

Date: _____ Folio: _____ CU#:_____

Business Information

Location Address: _____ Unit/Suite: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Business/DBA: _____ Corporate Name: _____

Corporate Officer/Owner: _____ Title: _____

Previous Business Name and/or use_____

Phone Number: _____ Size of Space (Sq. Feet) _____ # of Employees_____

Cell Number: _____ Fax Number: _____

Email: _____

Are you sharing spaces with another business? Yes_____ No _____
Will used merchandise be sold on the property? Yes_____ No _____

Describe the type of business _____
□ Office □ Home Office □ Apt □ Retail □Warehouse □ Other_____

Applicant's Signature: _____ Date: _____

***Fill out this portion only when directed by Department *** Detailed statement describing use (please include hours of operation and number of employees) _____
_____
_____
_____

Signature of application verifies the above information is true and correct. I understand the conditions under which my Certificate of Use is being approved and accepted that no charges or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the Certificate of Use. And or possible enforcement action being initiated against the business and or its authorized representatives. I further understand that a separate Certificate of Occupancy is also required and is obtainable from the Planning, Zoning and Code Compliance

Departmental Use Only

Inspection Required: □Yes □No Inspected By: _____
Approved By: _____ Zoning District: _____
Conditions under which approved:_____
Inspection Date: _____ Approval Date: _____
Denied By: _____ Denial Date: _____
Denial Comments: _____

Miami-Dade County Department of Regulatory and Economic Resources

MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE

**Section 1 & 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.*	DATE

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):	PROPOSED USE/TYPE OF BUSINESS		
Please note that a lease agreement may be requested to verify square footage.)	***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. this application***		

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

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? ❑ YES ❑ NO *If Yes, provide the following*:

MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER

MUNICIPAL OFFICIAL PRINT NAME	TITLE
SIGNATURE	TELEPHONE NUMBER

RESET