



CITY OF WEST MIAMI
901 S.W. 62ND AVENUE
WEST MIAMI, FL 33144

LICENSE APPLICATION TO:

Year 19-20

SELL MERCHANDISE:

DISTRIBUTE LITERATURE:

NAME OF PERSON REQUESTING PERMIT:

ADDRESS:

NAME OF COMPANY REPRESENTED: PHONE:

ADDRESS: PHONE:

DESCRIPTION OF PERSON REQUESTING PERMIT:

DATE OF BIRTH: SEX: WEIGHT: HEIGHT:

COLOR OF HAIR: COLOR OF EYES: OTHER:

WHAT WILL BE SOLD OR DISTRIBUTED:

PERIOD OF TIME YOU DESIRE TO DO BUSINESS IN WEST MIAMI:

FROM: TO FEE: \$ 0.50/WEEK ; \$ 2.00/ MONTH ; \$ 20.00/ YEAR

IF A VEHICLE IS USED, STATE THE FOLOWING: YEAR: MAKE COLOR

DRIVER'S NAME: DRIVER'S LICENSE NO.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE (EXCEPTING TRAFFIC VIOLATIONS)? IF YES GIVE FULL DETAILS:

GIVE NAMES AND ADDRESS OF TWO (2) DADE COUNTY PROPERTY OWNERS AS REFERENCES:

- 1.
2.

IF YOU ARE NOT ACQUAINTED IN DADE COUNTY, PRESENT SOME OTHER ACCEPTABLE EVIDENCE OR RESPONSIBILITY.

STATE OF FLORIDA )
COUNTY OF MIAMI-DADE )

READ, SWORN TO AND SUBSCRIBED BEFORE ME
THIS DAY OF OF 20

APPLICANT'S SIGNATURE

NOTARY PUBLIC

INSTRUCTIONS TO APPLICANT:

- 1 ATTACH TWO PHOTOS ( 2" X 2" ) SHOWING HEAD AND SHOULDERS, TAKEN WITHIN THE PAST 60 DAYS.
2 HAVE YOUR FINGERPRINTS TAKEN AT THE WEST MIAMI POLICE DEPARTMENT.
3 PAY \$ 3.50 FEE FOR COST.

APPLICATION APPROVED APPLICATION DISAPPROVED

SIGNATURE DATE