EXHIBIT B

Attestation of Compliance with Miami-Dade County's COVID Safety Guidelines following establishment closure pursuant to Emergency Order 33-20

NOTE: This attestation shall only be completed if your business has been closed for violation of the COVID Safety Guidelines. Please complete below before submission by email to covid19businessviolations@mdpd.com or by mail to Special Patrol Bureau/Incident Management Team, 1501 NW 79th Ave., Doral, FL 33126.

Date and Time of Clo	sure:			_
Reason for Closure:				
Enforcing Entity:				_
Ι	acknowledge or	behalf of		
			Establishment	
located at	that I have revie	wed Miami-Dad	e County Emergency Order 3	3-20
were developed and establishments to oper I understand the es Emergency Order 33- time, until compliance I understand that future	promulgated to linate to the safest maximulate to the safest maximulated to the safest maximulat	nit the spread um extent. d above may afety Guidebool	of COVID-19 and to only open in compliance a, both as amended from to	allow
\$500 and up to 180 day Signate Establishmen Authorized	are t Owner/		Date	
Telephone	Number		Email Address	