



APPLICATION FOR TOWING BUSINESS REGISTRATION

Application Type: Check one of the following:

- Initial Renewal 2yr Renewal

Services Provided: Check all that apply

- Non-Consent Tows Consent Tows

TYPE OF OWNERSHIP: Check one of the following:

- Corporation Sole Proprietor Fictitious Name Other

BUSINESS INFORMATION:

Company Name:
D/B/A:
Address:
Mailing Address:
Phone Number: Fax Number: Cell Number
Email Address: County Towing License Number:
Federal Tax Identification Number (FEID#):

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

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

Please answer yes or no to the following questions:

Yes **No** Do you, or any partner(s), corporate officers(s) or stockholder(s) owning, holding, controlling or having a beneficial interest in five (5) percent or more of the issued and outstanding stock, as applicable, have any outstanding arrest warrants, have three (3) or more misdemeanors that were committed within the last thirty-six(36) months or have one (1) or more felony convictions within the last five years involving criminal homicide; kidnapping; a sexual offense; an assaultive offense; robbery; burglary; arson; fraud; theft if the offense was committed against a person with whom the applicant came in contact with while engaged in towing or storage services; public indecency; possession of a weapon; and a violation of any laws regarding controlled substances? *If yes, please provide details on a separate sheet.*

Yes **No** Do you or any partner(s), corporate officer(s) or stockholder(s) owning, holding, controlling or having beneficial interest in five (5) percent or more of the issued and outstanding stock, as applicable, have a current suspended towing license, have an outstanding and unsatisfied civil penalties imposed due to violations of the Towing Ordinance or had a towing license that was revoked by action of the Miami-Dade County Consumer Protection Division within two (2) years of the date of this application?
If yes, please provide details on a separate sheet.

Yes **No** Do you owe money to Miami-Dade County, either individually or through any other business? *If yes, please provide details on a separate sheet.*

TOWED VEHICLES STORAGE ADDRESS & PHONE NUMBERS (NON-CONSENT TOWERS ONLY)

(Please attach a separate paper for additional storage addresses.)

Address: _____

City/State/Zip: _____

Primary Number: (____) ____ - _____

Secondary Number: (____) ____ - _____

TOWING TRUCK(S) PARKING INFORMATION (CONSENT TOWERS ONLY)

The truck(s) is being parked at

Address: _____

City/State/Zip: _____

This location is a _____ (ex: garage)

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

- Renewal Applications Need Only Include the Underlined Items Below -

- | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <u>Completed Application</u> | <input type="checkbox"/> County Local Business Tax Receipt |
| <input type="checkbox"/> <u>License Fees</u> | <input type="checkbox"/> Description of Management Plan(See attachment) |
| <input type="checkbox"/> Description of Services (Non-Consent Towers Only) | <input type="checkbox"/> Certificate of Use and Occupancy (Non-Consent Towers only) |
| <input type="checkbox"/> <u>Articles of Incorporation or Fictitious Name Reg.</u> | <input type="checkbox"/> Towing and Storage Rates (Non-Consent Towers Only) |
| <input type="checkbox"/> <u>City Local Business Tax Receipt, if applicable</u> | <input type="checkbox"/> <u>Certificate of Insurance for Automobile Liability(See attachment)</u> |
| <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> <u>Copy of Owner's Driver's License</u> |

TOWING VEHICLE(S) INFORMATION (Attach a separate sheet if necessary)

<u>YEAR/MAKE/MODEL</u>	<u>CLASS</u>	<u>VEHICLE ID/VIN</u>	<u>VEHICLE TAG NO.</u>

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 III of Chapter 30 of the Code of Miami-Dade County, the license number issued by Miami-Dade County to my/or towing business, with the words "M-D.C Tow. Lic. No. _____", must appear in all advertisement. 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 license or permit. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) Print this application, sign and date, and mail to our office with fees and required items from checklist above.
- 2) e-sign, upload along with required items from checklist above at https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home and pay fees.

Instructions for e-sign:

- 1) type /s/ at the beginning of each signature block; 2) then type your full name; 3) date the application.
- Your e-signature should appear as: /s/ Jane Doe

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

 APPLICANT SIGNATURE

 DATE

FOR ALL CORPORATE OFFICERS AND SOLE PROPRIETORS

Social Security Number Collection Policy: Pursuant to section 119.071(5) of the Florida Statutes, agencies are required to adopt a written Social Security Number Collection Policy. Office of Consumer Protection collects your Social Security number for verification of identification purposes. Please enter **only the last four numbers of** your Social Security number in the space(s) provided below. Upon completion of the criminal background search, your Social Security number will be redacted from our file.

_____/
 Name/**ONLY Last (4) four** of Social Security Number

_____/
 Name/**ONLY Last (4) four** of Social Security Number

_____/
 Name/**ONLY Last (4) four** of Social Security Number

_____/
 Name/**ONLY Last (4) four** of Social Security Number