Procedure for submitting
CERTIFICATE OF USE (CU) and LOCAL BUSINESS TAX LICENSE

All permit inspections for which a permit has been issued by the City's Building and Zoning Department shall be completed and final prior to an application for the Certificate of Use being issued. In the event any property/location trying to obtain a certificate of use has open permits, building violations or existing construction that no record exists in the City of Sweetwater or Miami Dade County, the applicant /business owner is responsible for assuring that before applying or obtaining a certificate of use the property/location come into compliance with all applicable codes.

***STEP 1 Certificate of Use Application*.**

When it's required
Prior to opening any business in the City of Sweetwater, a Certificate of Use (also called a C.U. or zoning permit) must be obtained. A C.U. is required for the use of a home office, multifamily residential development (rental of lease), commercial and industrial development. A CU is required when a building is erected, altered or enlarged, or an existing building goes through a change of occupant, name, or type of business.
A Certificate of Use allows for the occupancy of the structure as well as certifying that the use is permitted. All C.U.'s shall be renewed yearly on or before the first of October of each year. If the business moves, expand, change ownership, name, or business activity a new CU shall be applied for.

Why it is required.
The Certificate of Use assures that the business is allowed in the zoning district where it is located. It also verifies that the structure was built for the proposed type of business.

How to apply Download and fill out this form, scan, and email as a PDF attachment to
CUSUBMITTALS@CITYOFSWEETWATER.FL.GOV

What you need to send: The following information is required when applying:

• Completed application for the Certificate of Use signed by the listed property owner/corporate agents and notarized.
• Copy of the lease and/or sublease. Or relocation letter.
• If the certificate of use application is for a sublease, the lessee or sublessee needs letter of approval from landlord.
• Letter of approval from Association if applicable.
• Floor plan / location sketch.

Submittal Procedure

For every Certificate of Use there is a **NON-REFUNDABLE UPFRONT FEE of $150.00.** This fee is to be paid at the time the application is submitted to the department. When the application is accepted the applicant will receive a process number. Once a process number for the CU application is given, the applicant will be required to pay a final amount. The next step after final payment, the applicant shall proceed to request the required inspections of the unit as outline in the inspection procedure below.

Upon receiving the process number for the CU, the applicant can then submit the Municipal Application for Certificate of Use/Occupational License to Miami-Dade County to receive DERM approval. Once the applicant receives the approval from Miami-Dade County, they can then proceed to submit to the LBTR application to the City of Sweetwater along with package via email to LBTRSUBMITTALS@CITYOFSWEETWATER.FL.GOV. The LBTR will only be issued upon the CU application being approved and final (if applicable). The department will then provide the amount to be paid for the LBTR.

Inspection's procedure

The applicant/business owner shall request via email at **inspections@cityofsweetwater.fl.gov** the required inspections: Building, Plumbing, Mechanical, Electrical and Zoning. Additionally, the applicant/business shall call for fire inspection by Miami Dade County Fire Department, they can be reached at **786-331-5000.**

This process MUST be completed within 30 days from the date of submitting the application for Certificate of Use to the City.

After all inspections have been approved the applicant/business owner shall email CUSUBMITTALS@CITYOFSWEETWATER.FL.GOV with the proof of Miami Dade County fire inspection approval in order to receive the issued Certificate of Use via email.

APPLICATION FOR CERTIFICATE OF USE

Date: _____ Process No._____

BUSINESS INFORMATION

Name of Business: _____ FEI/EIN Number _____

D.B.A: _____

Address: _____ Folio No: _____

City: _____ State: _____ Zip Code: _____

Telephone _____ Email _____ Square Feet: _____

Type of Business (describe in detail) _____

_____

Home Office __ Medical Office __ Admin Office __ School _____ Retail _____ Restaurant _____ (Take Out) _____

Restaurant (Patron Area Sq. Ft. _____ Warehouse __ Wholesale _____ Other _____

Previous business _____

Are you sharing space with another business Yes _____ No _____ if yes, please provide the business name

Name of the primary business _____ Type of business _____

CORPORATE INFORMATION

Corporate Officer/Owner _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email address _____

Signature of the applicant verifies the above information is true and correct. Signee understands the conditions under which the Certificate of Use is being approved and accepts that no charges or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of the information on this application may result in the revocation of the CU and/or possible enforcement action being initiated against the business and/or is authorized representative. I further understand that a business must also apply for a Business Tax Receipt Occupational License).

X _____ _____

Signature of Applicant Print Name

STATE OF _____

COUNTY OF _____

Sworn to and subscribe before me this ____ day of _____ 20 _____.

Personally known or I.D. _____

By (Print Name) _____

Notary Signature _____

DEPARTMENTAL USE ONLY

Processor _____ **Zoning** _____ **Resolution No.** _____ **Bldg. Permit#** _____ **Approved** _____

Denied _____ **Conditions of approval** _____

CERTIFICATE OF USE

BUSINESS DESCRIPTION

Process Number: _____

Business Name: _____

Business Address: _____

Describe the type of business / operation in detail:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

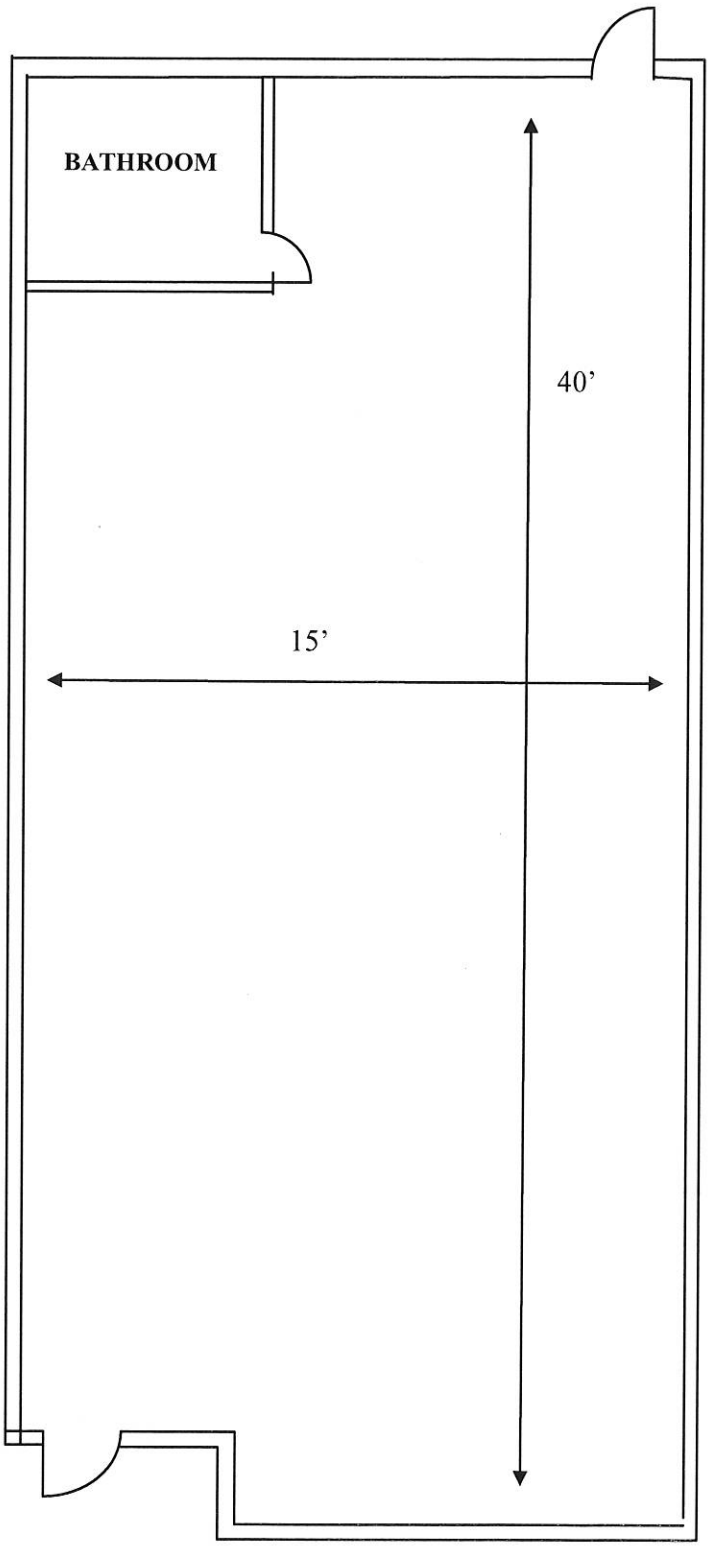
Print Name Signature of applicant/ business owner

TYPICAL FLOOR PLAN

(EXAMPLE)

Minimum Requirement

1. Floor plan of unit
2. Show all existing walls
3. Show overall dimension
4. Provide address and unit number



STEP 2 Fill out the Miami-Dade County Approval of Municipal Application for C.U. and follow this link:

https://www.miamidade.gov/building/library/guidelines/municipal-cu-portal-guide.pdf

STEP 3 With MDC approval document, you must apply for a Local Business Tax Receipt.

A LBTR is required for any business such as home office, multifamily residential development (rental of lease), commercial and industrial development.

All LBTR's shall be renewed yearly on or before the first of October of each year. If the business moves, expand, change ownership, name, or business activity a new LBTR shall be applied for.

Why it is required.
The Local Business Tax Receipt assures that the business is license to operate in a designated location.

How to apply Download and fill out this form, scan, and email as a PDF attachment to :

LBTRSUBMITTALS@CITYOFSWEETWATER.FL.GOV

What you need to send:

The following information is required when applying:

• Miami Dade County DERM approval.

• Completed application for the Local Business Tax Receipt signed by the listed corporate agents

• Copy of the Articles of Corporation/ Fictitious name registration.

• Copy of the officer/ Owner's Driver License

• Copy of the State of Florida License if applicable.

BUSINESS TAX RECEIPT APPLICATION

NOTICE

This does not supersede any State or County Licenses that are required.

ANY LICENSE OBTAINED UNDER THE PROVISIONS OF THE CITY OF SWEETWATER LICENSE ORDINANCE UPON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE DEEMED NULL AND VOID AND THE LICENSEE WHO HAS THEREAFTER ENGAGED IN ANY BUSINESS UNDER SUCH LICENSE SHALL BE SUBJECT TO PROSECUTION FOR DOING BUSINESS WITHOUT A LICENSE, TO THE SAME EFFECT AND DEGREE AS THOUGH SUCH LICENSE HAD EVER BEEN ISSUED.

Name of Applicant (Owner/Officer)	Home Phone Number		
Sweetwater Business Address	City	State	Zip Code
Name of Corporation and/or Name of Business	Federal Employer I.D.		
Business Mailing Address E-Mail	Business Phone Number		

Signature of Applicant -	Date

If Corporation, give name of officers:

President name_____ Vice-President name _____

Secretary name_____ Treasurer name _____

TYPE OF BUSINESS:_____

Business start date: _____

Description of location

- Apartment Bldgs. _____
- Medical Office _____
- Admin Office _____
- Retail _____
- Restaurant _____
- Warehouse size _____
- Wholesale _____
- Other _____

- Value of Stock (Inventory) _____
- Number of Employees _____
- Number of Vehicles _____
- Home Office/Peddler _____
- Eating Establishment chair _____
- Number of Vending /ATM _____
- Number of Units/Hotel Unit _____

STATE OF FLORIDA LICENSE (IF REQUIRED) _____

Restrictions:

City of Sweetwater

Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172
Phone (305) 485-4526

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

3.5% surcharge will be applied to each transaction made.

Please complete the information below:

I _____ authorize City of Sweetwater to charge my credit card
(Full name)
account indicated below for _____ on or after _____ This payment
(Amount) (Date)
is for _____.
(Description of goods/service)

Billing Address _____

Phone # _____ Email _____

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ CVV2: _____

Account Type: Visa ____ Master Card_____ American express ____ Discovery ____

Signature_____ **Date**_____.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated only, and is valid for one time use only. I certify that I am an authorized use for this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.