



**PLANNING & ZONING DEPARTMENT  
OCCUPATIONAL LICENSE DIVISION  
CERTIFICATE OF USE AND OCCUPANCY**

**APPLICATION**

Name of Business: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
D.B.A.: \_\_\_\_\_ F.E.I. Number: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Unit No.: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mailing Address (if different from Business Address): \_\_\_\_\_  
Unit No.: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Prior Tenant Activity: \_\_\_\_\_  
Type of Business: (type of merchandise sold, services provided, etc.) \_\_\_\_\_  
Are you sharing space with another business? Yes  No   
(If yes, attach copy of current certificate of use)  
Folio Number: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**AFFIDAVIT**

State of \_\_\_\_\_  
County of \_\_\_\_\_  
\_\_\_\_\_, (Owner, Partner, Officer, Representative or Agent)  
\_\_\_\_\_, being duly sworn, deposes and says that He/She is the authorized to  
execute this application for the purposes of obtaining a Certificate of Use from the City of Doral.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
Signature \_\_\_\_\_  
Print Name and Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Classification: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_

Required Zoning: \_\_\_\_\_

**PARKING REQUIREMENTS**

Complies with parking requirements of zoning code? Yes  No

Number of parking spaces required: \_\_\_\_\_

Number of parking spaces provides: \_\_\_\_\_

**CONCURRENCY**

Complies with concurrency? Yes  No

Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

**FINAL INSPECTIONS**

TRADE	APPROVED	DATE	SIGNATURE
ZONING			
FIRE			
DERM			

**CERTIFICATE APPROVAL /REJECTION**

Application reviewed by: \_\_\_\_\_  
Ingrid P. Balza, Chief Licensing Officer

Date: \_\_\_\_\_

\_\_\_\_\_  
Julian Perez, Planning & Zoning Director

Date: \_\_\_\_\_

CERTIFICATE APPROVED? YES  NO

FEE: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

If not approved, please detail the reason for rejection and what corrective action, if any, may be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_