

City of Miami Beach

NON-PROFIT PERMIT APPLICATION DIRECTIONS

1. **NAME:** Full name of the non-profit organization only. No partial names will be accepted. Partial names will be treated as an incomplete application and disqualify the applicant. **ATTACH VALID 501C(3) CERTIFICATE**
2. **DATE:** Date of the application, i.e. month/day/year.
3. **ADDRESS:** Full address of the organization, i.e. street/city/state,zip code, etc.
4. **E-MAIL:** E-mail address of organization
5. **VENDOR NAME:**
 - The FULL name of authorized vendor or distributor at this location only. To be supported by copy of PHOTO identification and social security card. A daytime phone number, current address and social security number.
 - If not an officer/director or registered agent of the non-profit corporation then a notarized authorization letter has to accompany this application.
6. **PERSONS VENDING:** The names and social security numbers of all persons vending or distributing at if different from the authorized vendor or distributor
7. **MERCHANDISE:** A full description of all merchandise to be vended or distributed.
8. **MISSION:** The aim or task that your organization is communicating to all those individuals who come in contact with your person(s) that are vending or distributing.
9. **SIGNATURE:** The signature of the registered agent/officer or director of the corporation, as listed and registered with the State of Florida, who also signs the authorization letter if necessary.

Applications and supporting documentation must be submitted in person at the occupational license counter, 1st floor city hall or mailed to:

CITY OF MIAMI BEACH
REVENUE SUPERVISOR
1700 CONVENTION CENTER DRIVE
MIAMI BEACH, FL 33139-1824