



Dear Landlord,

Effective 9/25/2013, the Landlord Permit ordinance 2013-20-308 has been amended to require landlords in the City of Miami Gardens to provide the City's Code Compliance Division with the following:

- a completed landlord permit application to include names and birthdates of all individuals occupying the unit
- a copy of a state background record(s) on all occupants age 15 and over (850) 410-8109

The requested information is required annually to obtain a Landlord permit. Failure to provide the required documents may result in the City issuing a fine in the amount of \$ 250.00 per day until fulfillments are met.

If you have any questions or concerns, please contact Code Compliance at (305) 622-8020.

Thank you



# CITY OF MIAMI GARDENS

## CODE COMPLIANCE DIVISIONS

### Application for Landlord Permit

**Application Fee - \$ 12.00 Non-Refundable**

**\*The Permit Fee is determined once the application is processed.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Folio # \_\_\_\_\_

Owner's Name \_\_\_\_\_

Landlord's Name (if different) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Number of Units \_\_\_\_\_ Number of Tenants \_\_\_\_\_

#### PROPERTY INFORMATION

Property Address \_\_\_\_\_

City Miami Gardens State Florida Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### TENANT INFORMATION

Tenant First Name	Tenant Last Name	Date of Birth	Contact Number

Tenant First Name	Tenant Last Name	Date of Birth	Contact Number

"The undersigned has carefully reviewed this application all facts, figures, statements contained in this application are true, correct, and complete to the best of my knowledge and belief. The applicant also acknowledges and understands that the issuance of a Landlord Permit is contingent upon a compliance inspection. Failure to comply with the City's Ordinances may result in revocation of said Landlord Permit."

\_\_\_\_\_

**PRINT NAME**

\_\_\_\_\_

**SIGNATURE**

<b><u>OFFICE USE ONLY</u></b>	
Processor's Signature _____	Print _____
<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>



## Criminal History Information Request

Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes, I am requesting a criminal history record check on the following individual:

Last Name:	Reserve this space for stamping FDLE's results
First Name:                      Middle Name:	
Other Names Used:	
Race:                      Sex:                      Date of Birth:	
Social Security Number:	

### Required Information

Last & First Name - Complete name of person      Sex - Male or Female      Date of Birth  
Race - White; Black; American Indian or Alaskan; Asian or Pacific Islander; or Unknown  
 \*\*\*\*\*INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR\*\*\*\*\*

### Optional Information

Social Security Number, Middle Name & Other Names Used

### Payment Options

Personal or Business Check – Must include pre-printed name of account holder and mailing address

Money Order – Must be made payable in U.S. Funds

**All payments must be made payable to FDLE**

Please print this form and mail it (along with the required \$24 processing fee, payable to FDLE) to:

Florida Department of Law Enforcement  
 User Services Bureau  
 Criminal History Services  
 P.O. Box 1489  
 Tallahassee, FL 32302

### Mail Criminal History Information Request Results To:

Contact Person:	Street:
Contact Telephone:	City:
ORI Number:                      (if applicable)	State:
Date Submitted:	ZIP:

Payment in the amount of                      is enclosed.  
 (The fee is \$24 per individual inquired upon.)