



City of Miami Gardens
Planning and Zoning Division
18605 NW 27th Avenue
Miami Gardens, FL 33056

AFFIDAVIT FOR ALL PROPOSED MEDICAL OFFICE/MEDICAL CLINIC

Applicants for a Business Tax Receipt for Medical must demonstrate that they are aware of the special regulations governing same and that the operation of a Medical Office is conditioned upon an Applicant's adherence to the following criteria:

MIAMI GARDENS CODE OF ORDINANCES (Section 34-733)

The term "medical office" or "medical clinic", means a facility providing services to the public by physicians, dentists, surgeons, chiropractors, osteopaths, physical therapists, nurses, acupuncturists, podiatrists, optometrists, psychiatrists (who are also known as health care practitioners), or others who are duly licensed to practice their respective health care professions in the State of Florida, as well as others, including but not limited to, technicians and assistants who are acting under the supervision and control of a licensed healthcare practitioner.. ***DOES NOT INCLUDE personal service establishments or places for treatment of animals, nor does it entail overnight patient stays, offices of psychologists, social workers or mental health counselors***

Medical Office or Clinic. Medical Offices or Medical Clinic shall be subject to the following regulations:

- a. On-site dispensing of controlled substances is strictly prohibited, unless otherwise expressly permitted by statutory or general law. Medical Marijuana dispensing and THC products are also prohibited.
- b. Additionally, the health care practitioner responsible for the operation and/or supervision of any medical or clinic shall execute an affidavit acknowledging the regulations set forth hereinabove prior to payment of the required business tax, and annually thereafter upon renewal of same prior to the issuance of a business tax receipt. Failure or refusal to execute the required affidavit shall constitute *prima facie* evidence that the subject medical or dental office is operating in violation of the city code of ordinances, which may result in code enforcement action, revocation of business tax receipt, and/or any other actions permitted by law

PLEASE ALSO ATTACH MEDICAL LICENSE OF HEALTH CARE PRACTITIONER RESPONSIBLE FOR THE OPERATION.

GENERAL INFORMATION:

Name: _____

Medical Office Address: _____

Medical Office Services Provided: _____

Hours of Operation: _____

Does Medical Office provide overnight stay? Y _____ N _____

THE INFORMATION ABOVE IS COMPLETE AND IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Print Name: _____

Signature: _____

AFFIDAVIT:

STATE OF FLORIDA

CITY OF MIAMI GARDENS

Personally Known or Produced Identification _____

Thereby certify that on this _____ day of, _____, before me personally appeared, to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act for the uses and purposes therein mentioned.

MY COMMISSION EXPIRES: