

**Department of
Regulatory and
Economic Resources
(RER)**



**Instructions for
submitting a new
business license
applications and
supporting
documentation through
Citizen Self-Service
Portal (CSS)**



Consumer Protection Business Licenses

- Online application of Consumer Protection Business Licenses.

Business Licenses

- [Motor Vehicle Repair \(MVR\)](#)
- [Towing \(TL\)](#)
- [Immobilization \(IL\)](#)
- [Locksmith \(LK\)](#)
- [Moving \(MR\)](#)
- [Water Remetering Company \(RM\)](#)
- [Water Remetering Properties \(RW\)](#)
- [Pain Clinic \(PC\)](#)
- [Personal Injury Protection \(PIP\)](#)

- For more information such as application requirements, please visit the Consumer Protection Web Site:
<https://www.miamidade.gov/global/economy/consumer-protection/home.page>

Consumer Protection Business/Professional Licenses

- Access the **Citizen Self-Service Portal** at this link:

https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home

The screenshot shows a web browser displaying the Citizen Self-Service Portal. The browser's address bar shows the URL energov.miamidade.gov/EnerGov_Prod/SelfService#/home. The page features a header with the logo for 'REGULATORY & ECONOMIC RESOURCES' and a navigation menu with options like Home, Apply, Links, Map, Fee Estimator, Search, Help, and Calendar. A blue banner below the menu reads 'Welcome to the Citizen Self Service Portal!'. The main content area is titled 'Welcome to Self Service' and contains six service tiles: 'Estimate Fees', 'Search Public Records', 'Apply', 'Login or Register', 'Pay Invoice', and 'Map'. Each tile includes a brief description of the service. The footer contains the Miami-Dade County logo, a list of links (Home, Privacy Statement, Disclaimer, About Us, ADA Notice, Phone Directory, Contact Us), and a copyright notice for 2016 Miami-Dade County.

Getting Ready to Submit

- To be able to submit for intake using the **Citizen Self-Service Portal** **you must** register at https://energov.miamidade.gov/EnerGov_Prod/SelfService#/register.
- Please complete the **four (4)** steps in the registration process. After completion, click '**Confirm**' in the confirmation email to access the portal.

Step 1 Provide an email address



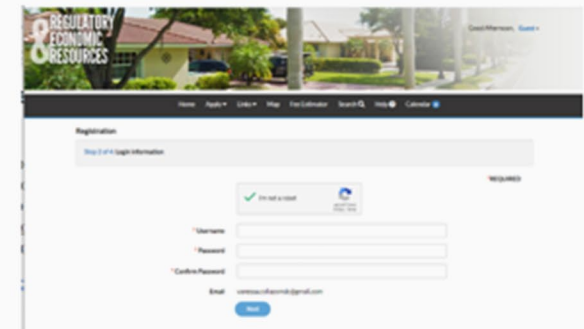
Registration

Step 1 of 4: Provide an email address

Email

Next

Step 2 Login Information



Registration

Step 2 of 4: Login Information

Create Account

Username

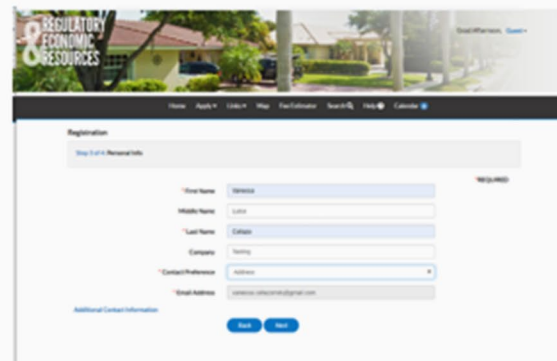
Password

Confirm Password

Email

Next

Step 3 Personal Information



Registration

Step 3 of 4: Personal Information

First Name

Middle Name

Last Name

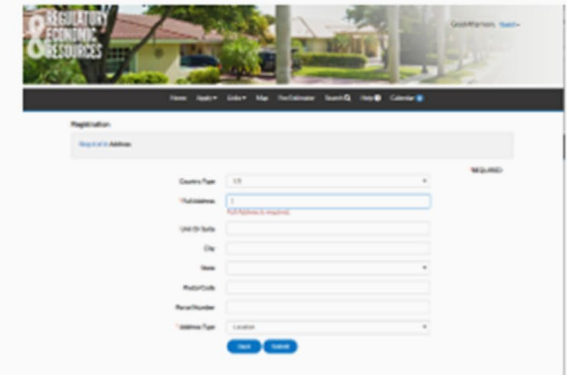
Company

Contact Preference

Email Address

Back Next

Step 4 Address



Registration

Step 4 of 4: Address

Country Type

Suburb

Street Name

City

State

Postal Code

Phone Number

Building Type

Back Next

Accessing your Citizen Self-Service Account

- An email was sent from **Citizen Self-Service New User Account Confirmation** with instructions for activating your account.
- Please follow the instructions in the email.

RER-Energov@miamidade.gov
to vanessa.collazoMDC ▾

Tue, Jan 26, 5:30 PM (2 days ago) ☆ ↶ ⋮

You are receiving this automated e-mail based on a user registration request that we received for the Citizen Self Service tool for our jurisdiction. The purpose of this confirmation is to validate the e-mail address that was provided in the initial user registration process is the correct e-mail address for your user account. Please click the link below to continue to the next step of the user registration process.

[Confirm](#)

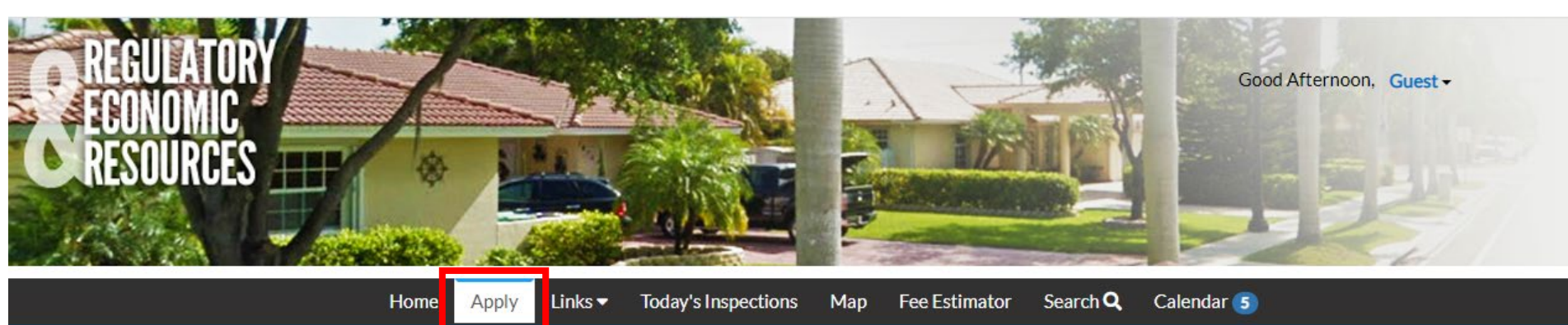
- Select **Confirm**.
- You will be redirected to **Citizen Self-Service Portal** to complete your registration process.

For new license

- Go to

https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home

- Select **Apply** on the top navigation menu, click on the **License** button.



Application Assistant

Search for application names and keywords



🏠 All

📈 Trending

📄 LICENSE

📄 PERMITS

📄 PLANS

› Show Categories

For new license

- To submit your **new** business license application, scroll down to select the applicable **business license** and click the **Apply** button.

REGULATORY & ECONOMIC RESOURCES

Good Afternoon, [Guest](#) ▾

Home **Apply** Links ▾ Today's Inspections Map Fee Estimator Search Calendar **5**

Application Assistant

Search for application names and keywords

[All](#) [Trending](#) **[LICENSE](#)** [PERMITS](#) [PLANS](#)

[Show Categories](#)

Motor Vehicle Repair (MVR)

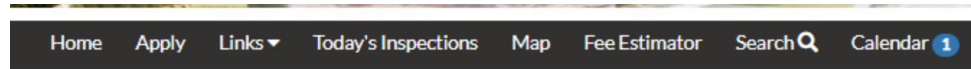
Category Name:
Consumer Protection

Description:
Miami-Dade County requires any business that performs or offers to perform repair work on any motor vehicle belonging to other persons, regardless of compensation, to register with the County. For more information please visit the Consumer Protection Web Site:
https://www.miamidadegov/global/license.page?Mduid_license=lic155137767021628 Use this process to apply for NEW licenses. For renewal of an existing license, you must register using the email address in your MDC Consumer Protection record. After completing the registration process go to 'My Work' and select 'Renew' button next to your license. If you do not see your license(s) in 'My Work' contact Consumer Protection EnerGov Support at CPEnerGov@miamidadegov.

Apply

Registered Miami-Dade Citizen Self Service Portal Users

- If you already have a **Citizen Self-Service Portal account** that needs your license(s) linked, please contact Consumer Protection EnerGov Support at **CPEnerGov@miamidade.gov**.
- If you were previously a registered **Citizen Self-Service Portal user** and forgot your username or password go to [Miami-Dade Citizen Self Service Portal – Login Page](#), select '[Reset it](#)' or '[Email it](#)'.

A screenshot of the 'Log In' form on the Miami-Dade Citizen Self Service Portal. The form is white with a light gray border. It has the following elements:

- Log In** (Section Header)
- * Username** (Label) above a text input field. Below the field is the error message: 'Username is required.'
- * Password** (Label) above a text input field. Below the field is the error message: 'Password is required'
- Log In** (Blue button)
- Forgot your password? [Reset it](#)
- Forgot your username? [Email it](#)
- Don't have an account yet? [Register Here](#)

For new license

- To submit your consumer protection license application, select **Apply** and **All**. A new window will open, scroll down to select **the business or professional license** and click the **Apply** button.

The screenshot shows the 'Application Assistant' interface. At the top, there is a search bar with the placeholder text 'Search for application names and keywords'. Below the search bar are five category buttons: 'All', 'Trending', 'LICENSE', 'PERMITS', and 'PLANS'. The 'LICENSE' button is highlighted in blue. Below the category buttons is a link that says '> Show Categories'. The main content area displays two category cards. The first card is for 'Motor Vehicle Repair (MVR)' and has a blue 'Apply' button highlighted with a red box. The second card is for 'Moving' and also has a blue 'Apply' button. Each card includes a 'Category Name' and a 'Description'.

Application Assistant

Search for application names and keywords

All Trending **LICENSE** PERMITS PLANS

> Show Categories

Motor Vehicle Repair (MVR) Apply

Category Name: Consumer Protection

Description: Miami-Dade County requires any business that performs or offers to perform repair work on any motor vehicle belonging to other persons, regardless of compensation, to register with the County. For more information please visit the Consumer Protection Web Site: https://www.miamidade.gov/global/license.page?Mduid_license=lic155137767021628 For renewal of an existing license, you must register using the email address in your MDC Consumer Protection record. Go to 'My Work' and select renew your license.

Moving Apply

Category Name: Consumer Protection

Description: All movers providing local moves within Miami-Dade, or between Miami-Dade, Broward or Palm Beach counties, must be registered with Miami-Dade County. Moving companies operating in the tri-county area are required to be licensed/permitted by their respective county government consumer agency where the mover's primary business is located and the Florida Division of Consumer Services. Consumers may call the appropriate county consumer agency to determine the current license status of any local moving company. For more information please visit the Consumer Protection Web Site: https://www.miamidade.gov/global/license.page?Mduid_license=lic1560259144544472 For renewal of an existing license, you must register using the email address in your MDC Consumer Protection record. Go to 'My Work' and select renew your license.

Step 1 - Select business

1

- If you already have a Business associate to your **Miami-Dade Citizen Self Service Portal**, the information will be automatically populated.

Dashboard Home Links ▾ Apply ▾ My Work Today's Inspections View ▾ Map Fee Estimator Search 🔍 Calendar 1

Apply for License - Motor Vehicle Repair (MVR)

*REQUIRED

Select or create the business for this application

Vanessa Testing Cases



Corporation

Status: In Review

100 NE 123 ST North Miami ...

Select

Select Company Type ▾

Create New
Business During
Application



Step 1 - Select of create business

1


- To create the business for the application, select the **company type**.

Apply for License - Motor Vehicle Repair (MVR)

*REQUIRED

Select or create the business for this application

Testing Comp...



Corporation
Status: Active
88230 NW 114 Place doral F...

Select

Select Company Type ▾

Select Company Type

- Corporation
- Domestic Partnerships
- Limited Liability Company
- Non-Profit
- Partnerships
- Sole Proprietorship

Step 1 - Select of create business

1

- Select the plus + symbol.


Dashboard Home Links ▾ Apply ▾ My Work Today's Inspections View ▾ Map Fee Estimator Search 🔍 Calendar 1

Apply for License - Motor Vehicle Repair (MVR)

*REQUIRED

Select or create the business for this application

Vanessa Testing Cases



Corporation
Status: In Review
100 NE 123 ST North Miami ...

Select

Corporation ▾

Create New
Business During
Application

+

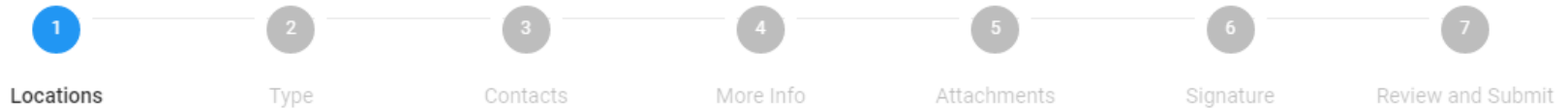
Step 1- Locations

1

- Select **Location** from the drop-down list on the blue tile. You can search an address, enter an address manually. Click **Next** at the bottom of the page to continue.

Apply for License - Motor Vehicle Repair (MVR)

*REQUIRED



LOCATIONS

Please enter the address for the location for this license..

A blue rectangular tile with a white border. At the top, there is a white dropdown menu with the text 'Location' and a downward arrow. Below the dropdown, the text 'Add Location' is centered in white. At the bottom center, there is a large white plus sign.

[◀ Back to Application](#)

Add Location

Two buttons are shown side-by-side. The 'Address' button is blue with white text, and the 'Parcel' button is light grey with grey text. Both buttons are enclosed in a red rectangular box.

Add Address As

Two buttons are shown side-by-side. The 'Search' button is blue with white text, and the 'Enter Manually' button is light grey with grey text. Both buttons are enclosed in a red rectangular box.

Address Information

Search

Create Template

Save Draft

Next

Step 2 - Type

- Complete the Company Name, **Business Description**, DBA and **location**.
- Complete the license description and location.
- Select **Next** at the bottom of the page to continue.

Apply for License - Motor Vehicle Repair (MVR)

*REQUIRED



BUSINESS DETAILS

For **renewal** of an existing license, you must register using the email address in your MDC Consumer Protection record. Go to '**My Work**' and select renew your license.

* Company Type

* Company Name

Business Description

DBA

* Location
Commercial
Commercial
Residential

LICENSE DETAILS

* License Type

Description

Back

Create Template

Save Draft

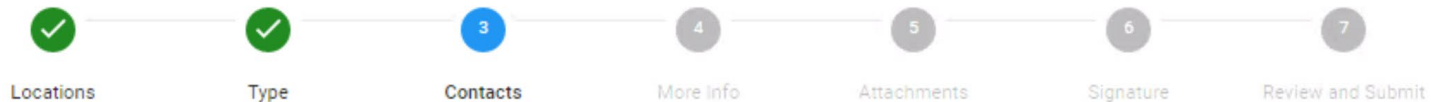
Next

Step 3 - Contacts

- The **Online User** contact information will be added automatically.
- Add **additional contact(s)** by selecting the **+** plus symbol on the blue tile. **Additional contact(s) information is not required.**
- Select **Next** to continue.

Apply for License - Motor Vehicle Repair (MVR)

*REQUIRED



CONTACTS

Add the pertinent contact information such as "owner".

A dropdown menu with a blue border and a white background. The selected item is 'Applicant', which is highlighted in blue. Other options listed include Business Owner, Contractor, Corporate Officer, Domestic Partner, Employee, Manager, MDC Employee, Other Contact, and Property Owner.

Save Draft

Next

Step 3 - Contacts

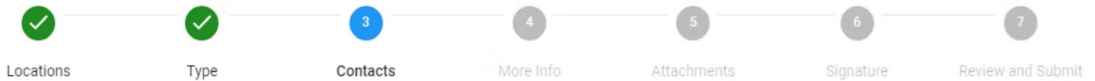
- To add a contact, you can use **search**, **enter manually** or **use your favorites**. Select **Next** to continue.

[Back to Application](#)

Add Contact

Add Contact As

Search



CONTACTS

Add the pertinent contact information such as "owner".

Three contact cards are displayed. The first card is titled 'Business Owner' and shows a person icon with the name 'Testing' below it and a 'Remove' button at the bottom. The second card is titled 'Manager' and shows a person icon with a 'Remove' button at the bottom. The third card is a blue 'Add Contact' card with a dropdown menu set to 'Applicant' and a large white plus sign in the center.



More Info



Motor Vehicle Repair (MVR)

Business License Information

Step 4 - More Info - Motor Vehicle Repair (MVR)

- If renewal, select **2 Year Renewal**.
- Select **+Add Row** to update the fields below with the relevant information for this license.

Locations Type Contacts **More Info** Attachments Signature Review and Submit

MORE INFO
Update the fields below with the relevant information for this license.

General [Next Section](#) | [Top](#) | [Main Menu](#)

IWS Permit Number

Certified By Details + Add Row						
Certification Number	Certification Holders Name	Certification Address	License Status	Association Start Date	Association End Date	Association Terminated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other / Minor Repair

<input type="checkbox"/>	Motorcycle Repair
<input type="checkbox"/>	Recreational Trailer Repair
<input type="checkbox"/>	Oil Changes
<input type="checkbox"/>	Glass Installation
<input type="checkbox"/>	Muffler Installation
<input type="checkbox"/>	Tire Installation
<input type="checkbox"/>	Alarm/Radio Installation
<input type="checkbox"/>	Window Tinting
<input type="checkbox"/>	Vehicle Upholstery
<input type="checkbox"/>	Vehicle Graphics & Wraps

Collision & Paint Repair

<input type="checkbox"/>	Structural Repair
<input type="checkbox"/>	Paint & Refinishing
<input type="checkbox"/>	Non-Structural Repairs

Heavy Duty Truck Repair

<input type="checkbox"/>	Truck Engine Repair - Gasoline
<input type="checkbox"/>	Truck Engine Repair - Diesel
<input type="checkbox"/>	Truck Drive Train
<input type="checkbox"/>	Truck Brake Repair
<input type="checkbox"/>	Truck Suspension & Steering
<input type="checkbox"/>	Truck Electrical Systems
<input type="checkbox"/>	Truck Heating & AC

Certified By Details

Certification Number	Certification Holders Name	Certification Address	License Status	Association Start Date	Association End Date	Association Terminated
*Certification Number <input type="text"/>	*Certification Holders Name <input type="text"/>	*Certification Address <input type="text"/>	*License Status <input type="text"/>	*Association Start Date <input type="text"/>	Association End Date <input type="text"/>	Association Terminated <input type="checkbox"/>

Auto Light Truck & Trailer Repair

<input type="checkbox"/>	Engine Repair
<input type="checkbox"/>	Automatic Transmission
<input type="checkbox"/>	Manual Transmission
<input type="checkbox"/>	Front End
<input type="checkbox"/>	Brake Repair
<input type="checkbox"/>	Electrical System
<input type="checkbox"/>	Heating & Air Conditioning
<input type="checkbox"/>	Engine Performance

Decal Number

VIN Number

Other Repair Types

MVR Shop Type

2 Year Renewal

Verify License Status

Save **Cancel**



Step 4 - More Info - Motor Vehicle Repair (MVR)

Select **+Add Row** to update the fields below with the relevant information for this license.

- Also select the applicable **Workers Compensation**.
If **Affidavit** is selected provide a reason.

Insurance [Previous Section](#) | [Next Section](#) | [Top](#) | [Main Menu](#)

Insurance Information Details							
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
+ Add Row							

Insurance Information Details

ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
*ID Number							
ID Number is required.							
*Insurance type							
Insurance type is required.							
*Date Received							
Date Received is required.							
*Insurance Expiration							
Insurance Expiration is required.							
*Bond/Ins./Lien Amount							
Bond/Ins./Lien Amount is required.							
Amount of Coverage							
*Agents Name							
Agents Name is required.							
*Underwriter							
Underwriter is required.							
Save Cancel							

Other [Previous Section](#) | [Next Section](#) | [Top](#) | [Main Menu](#)

Late Fee Applies

Sub Contractor [Previous Section](#) | [Top](#) | [Main Menu](#)

Applicant is Certifying Which MVR? Details					
Business License Number	Business Name	Business Address	Association Start Date	Association End Date	Association Terminated
+ Add Row					

Applicant is Certifying Which MVR? Details

Business License Number	Business Name	Business Address	Association Start Date	Association End Date	Association Terminated
Business License Number					
Business Name					
Business Address					
Association Start Date					
Association End Date					
Association Terminated					<input type="checkbox"/>
Save Cancel					

[Back](#) [Create Template](#)

[Save Draft](#) [Next](#)



Towing

Business License Information

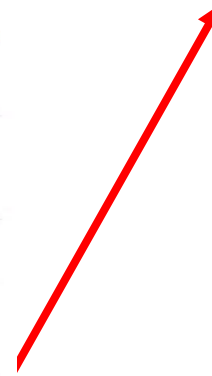
Step 4 - More Info - Towing

- If renewal, select **2 Year Renewal**.
- Select **+Add Row** to update the fields below with the relevant information for this license.
- Also select the applicable **Towing Service**.

Vehicles

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Vehicle Info (Towing) Details											
Vehicle Make	Vehicle Model	Vehicle Year	VIN Number	Vehicle Tag	Decal Number	GWWR	Vehicle Class	Inspected By	Inspection Date	Association Start Date	Association End Date
*Vehicle Make	<input type="text"/>										
	Vehicle Make is required.										
*Vehicle Model	<input type="text"/>										
	Vehicle Model is required.										
*Vehicle Year	<input type="text"/>										
	Vehicle Year is required.										
*VIN Number	<input type="text"/>										
	VIN Number is required.										
*Vehicle Tag	<input type="text"/>										
	Vehicle Tag is required.										
*Decal Number	<input type="text"/>										
	Decal Number is required.										
*GWWR	<input type="text"/>										
	GWWR is required.										
*Vehicle Class	<input type="text"/>										
	Vehicle Class is required.										
Inspected By	<input type="text"/>										
Inspection Date	<input type="text"/>										
*Association Start Date	<input type="text"/>										
	Association Start Date is required.										
Association End Date	<input type="text"/>										
Association Terminated	<input type="checkbox"/>										
	<input type="button" value="Save"/>	<input type="button" value="Cancel"/>									



MORE INFO

Update the fields below with the relevant information for this license..

General

2 Year Renewal
[Next Section](#) | [Top](#) | [Main Menu](#)

*Number of Vehicles

Number of Vehicles is required.

Towing Service

 Towing - Consent
 Police Non - Consent
 Private Non - Consent

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Vehicle Info (Towing) Details

+ Add Row

Vehicle Make	Vehicle Model	Vehicle Year	VIN Number	Vehicle Tag	Decal Number	GWWR	Vehicle Class	Inspected By	Inspection Date	Association Start Date	Association End Date
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Insurance

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Insurance Information Details

+ Add Row

ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
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Verify License Status

Step 4 - More Info – Towing

Select **+Add Row** to update the fields below with the relevant information for this license.

- Also select the applicable **Tow Parking Address** and **Type of Location**.

Insurance Information Details								+ Add Row
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter	

Insurance Information Details							
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
*ID Number	<input type="text"/>						
	ID Number is required.						
*Insurance type	<input type="text"/>						
	Insurance type is required.						
*Date Received	<input type="text"/>						
	Date Received is required.						
*Insurance Expiration	<input type="text"/>						
	Insurance Expiration is required.						
*Bond/Ins./Lien Amount	<input type="text"/>						
	Bond/Ins./Lien Amount is required.						
Amount of Coverage	<input type="text"/>						
*Agents Name	<input type="text"/>						
	Agents Name is required.						
*Underwriter	<input type="text"/>						
	Underwriter is required.						
	<input type="button" value="Save"/>	<input type="button" value="Cancel"/>					

Other

Late Fee Applies

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Tow Truck Parking

*Tow Parking Address

Tow Parking Address is required.

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*Type of Location

- Residential
- Garage
- Commercial
- Parking Lot



Immobilization

Business License Information

Step 4 - More Info - Immobilization

- If renewal, select 2 Year Renewal.
- Select **+Add Row** to update the fields below with the relevant information for this license.

Progress bar: Locations (✓), Type (✓), Contacts (✓), **More Info (4)**, Attachments (5), Signature (6), Review and Submit (7)

MORE INFO
Update the fields below with the relevant information for this license.

General

2 Year Renewal

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Certified By Details + Add Row

Certification Number	Certification Holders Name	Certification Address	License Status	Association Start Date	Association End Date	Association Terminated
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Insurance Previous Section | Next Section | Top | Main Menu

Insurance Information Details + Add Row

ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
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Other Info Previous Section | Top | Main Menu

Late Fee Applies

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Certified By Details

Certification Number	Certification Holders Name	Certification Address	License Status	Association Start Date	Association End Date	Association Terminated
*Certification Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Insurance Information Details

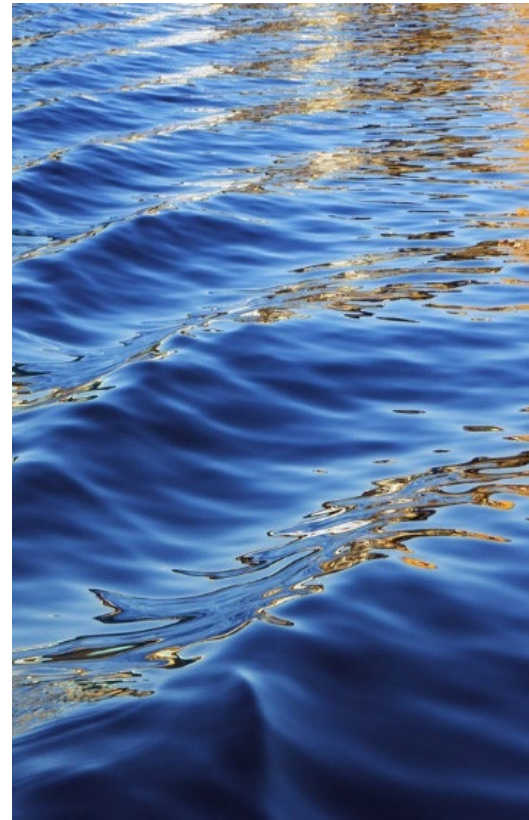
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
*ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Locksmith

Business License Information



Step 4 - More Info - Locksmith

- If renewal, select **2 Year Renewal**.
- Select **+Add Row** to update the fields below with the relevant information for this license.
- Also select the applicable **Workers Compensation**.



MORE INFO

Update the fields below with the relevant information for this license.

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General

2 Year Renewal

*Number of Vehicles
Number of Vehicles is required.

Vehicle Info (Locksmith) Details

[+ Add Row](#)

Vehicle Make	Vehicle Model	Vehicle Year	VIN Number	Decal Number	Inspected By	Inspection Date	Association Start Date	Association End Date	Association Terminated
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Locksmith

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Certified By Details

[+ Add Row](#)

Certification Number	Certification Holders Name	Certification Address	License Status	Association Start Date	Association End Date	Association Terminated
----------------------	----------------------------	-----------------------	----------------	------------------------	----------------------	------------------------

Insurance

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Insurance Information Details

[+ Add Row](#)

ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
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4

Vehicle Info (Locksmith) Details

Vehicle Make	Vehicle Model	Vehicle Year	VIN Number	Decal Number	Inspected By	Inspection Date	Association Start Date	Association End Date	Association Terminated																
*Vehicle Make	<input type="text"/>	Vehicle Make is required.	*Vehicle Model	<input type="text"/>	Vehicle Model is required.	*Vehicle Year	<input type="text"/>	Vehicle Year is required.	*VIN Number	<input type="text"/>	VIN Number is required.	*Decal Number	<input type="text"/>	Decal Number is required.	Inspected By	<input type="text"/>	Inspection Date	<input type="text"/>	*Association Start Date	<input type="text"/>	Association Start Date is required.	Association End Date	<input type="text"/>	Association Terminated	<input type="checkbox"/>

[Save](#) [Cancel](#)

Certified By Details

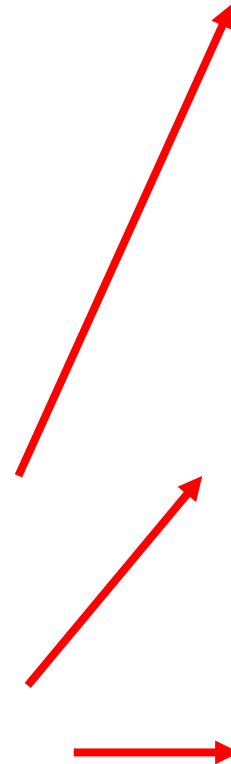
Certification Number	Certification Holders Name	Certification Address	License Status	Association Start Date	Association End Date	Association Terminated												
*Certification Number	<input type="text"/>	Certification Number is required.	*Certification Holders Name	<input type="text"/>	Certification Holders Name is required.	*Certification Address	<input type="text"/>	Certification Address is required.	*License Status	<input type="text"/>	License Status is required.	*Association Start Date	<input type="text"/>	Association Start Date is required.	Association End Date	<input type="text"/>	Association Terminated	<input type="checkbox"/>

[Save](#) [Cancel](#)

Insurance Information Details

ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter															
*ID Number	<input type="text"/>	ID Number is required.	*Insurance type	<input type="text"/>	Insurance type is required.	*Date Received	<input type="text"/>	Date Received is required.	*Insurance Expiration	<input type="text"/>	Insurance Expiration is required.	*Bond/Ins./Lien Amount	<input type="text"/>	Bond/Ins./Lien Amount is required.	Amount of Coverage	<input type="text"/>	*Agents Name	<input type="text"/>	Agents Name is required.	*Underwriter	<input type="text"/>	Underwriter is required.

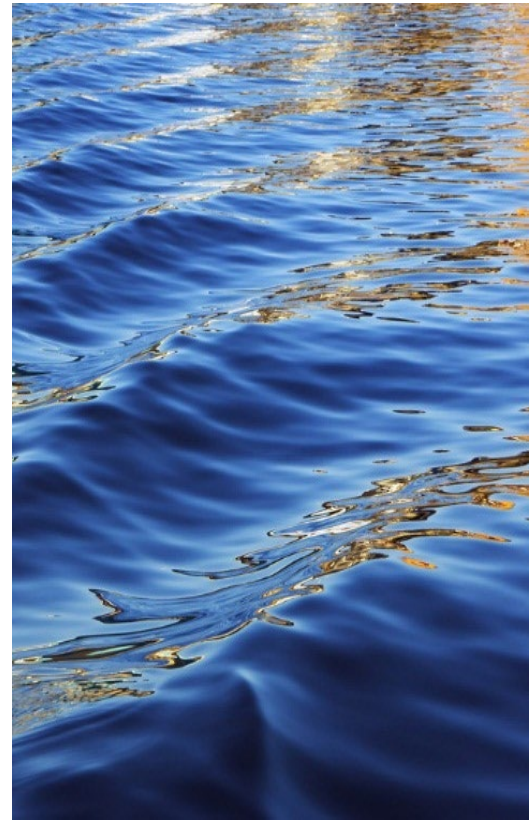
[Save](#) [Cancel](#)





Moving

Business License Information



Step 4 - More Info - Moving

- Select **+Add Row** to update the fields below with the relevant information for this license.

Apply for License - Moving

*REQUIRED



MORE INFO

Update the fields below with the relevant information for this license..

General

2 Year Renewal

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*Number of Vehicles

Number of Vehicles is required.

Vehicles

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Vehicle Info (Moving) Details										
Vehicle Year	Vehicle Tag	VIN Number	Decal Number	GVW	Rental Vehicle	Inspected By	Inspection Date	Association Start Date	Association End Date	Association Terminated

+ Add Row

*Worker's Compensation

Affidavit (if selected, fill "Affidavit Reason")

Certificate of Insurance

State Exemption

Worker's Compensation is required.

Vehicle Info (Moving) Details

Vehicle Year	Vehicle Tag	VIN Number	Decal Number	GVW	Rental Vehicle	Inspected By	Inspection Date	Association Start Date	Association End Date	Association Terminated
*Vehicle Year	<input type="text"/>									
	Vehicle Year is required.									
*Vehicle Tag	<input type="text"/>									
	Vehicle Tag is required.									
*VIN Number	<input type="text"/>									
	VIN Number is required.									
Decal Number	<input type="text"/>									
*GVW	<input type="text"/>									
	GVW is required.									
*Rental Vehicle	<input type="text"/>									
	Rental Vehicle is required.									
Inspected By	<input type="text"/>									
Inspection Date	<input type="text"/>									
*Association Start Date	<input type="text"/>									
	Association Start Date is required.									
Association End Date	<input type="text"/>									
Association Terminated	<input type="checkbox"/>									
	<input type="button" value="Save"/>	<input type="button" value="Cancel"/>								



Affidavit Reason

Step 4 - More Info - Moving

- Select **+Add Row** to update the fields below with the relevant information for this license.
- Also select the applicable **Workers Compensation**. If **Affidavit** is selected provide a reason.

***Worker's Compensation**

Affidavit (if selected, fill "Affidavit Reason")

Certificate of Insurance

State Exemption

Worker's Compensation is required.

Affidavit Reason

Insurance

Previous Section | Next Section | Top | Main Menu

Insurance Information Details							
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter

Other

Late Fee Applies

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Insurance Information Details

ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
*ID Number				*Bond/Ins./Lien Amount	Amount of Coverage	*Agents Name	*Underwriter
ID Number is required.	Insurance type is required.	Date Received is required.	Insurance Expiration is required.	Bond/Ins./Lien Amount is required.		Agents Name is required.	Underwriter is required.

Save Cancel



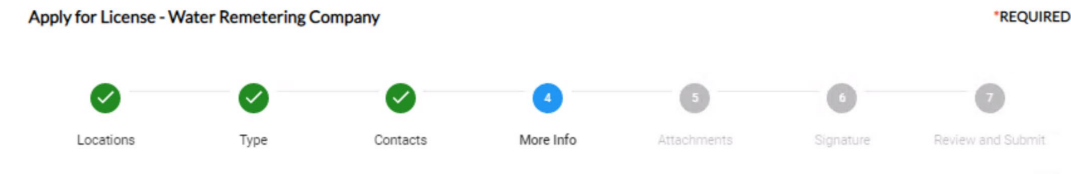


Water Remetering Company

Business License Information

Step 4 - More Info - Water Remetering Company

- If renewal, select **2 Year Renewal**.
- Select **+Add Row** to update the fields below with the relevant information for this license.



MORE INFO

Update the fields below with the relevant information for this license..

General

2 Year Renewal

*Number of Properties

Number of Properties is required.

*Who is/was Rrsponsible for hvin submeters installed

Who is/was Responsible for hvin submeters installed is required.

Properties

[Previous Section](#) | [Next Section](#) | [Top](#) | [Main Menu](#)

Associated License Info Details							+ Add Row
Business License Number	Business Name	Business Address	License Status	Association Start Date	Association End Date	Association Terminated	

Properties

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Associated License Info Details

Business License Number	Business Name	Business Address	License Status	Association Start Date	Association End Date	Association Terminated
-------------------------	---------------	------------------	----------------	------------------------	----------------------	------------------------

Business License Number

Business Name

Business Address

License Status

Association Start Date

Association End Date

Association Terminated

Verify License Status

Step 4 - More Info – Water Remetering Company

Select **+Add Row** to update the fields below with the relevant information for this license.

- Also select the applicable **Workers Compensation**.

Insurance

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Insurance Information Details								+ Add Row
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter	

Insurance Information Details							
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
*ID Number							
ID Number is required.							
*Insurance type							
Insurance type is required.							
*Date Received							
Date Received is required.							
*Insurance Expiration							
Insurance Expiration is required.							
*Bond/Ins./Lien Amount	\$						
Bond/Ins./Lien Amount is required.							
Amount of Coverage	\$						
*Agents Name							
Agents Name is required.							
*Underwriter							
Underwriter is required.							
<input type="button" value="Save"/> <input type="button" value="Cancel"/>							

Affidavit Reason

*Worker's Compensation

<input type="checkbox"/>	Affidavit (if selected, fill "Affidavit Reason")
<input type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	State Exemption

Worker's Compensation is required.

Other

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Late Fee Applies



Water Remetering Properties

Business License Information

Step 4 - More Info - Water Remetering Properties

- If renewal, select **2 Year Renewal**.
- Select **+Add Row** to update the fields below with the relevant information for this license.
- Also select the applicable **Property Type**, provide Name of the Management Company

MORE INFO

Update the fields below with the relevant information for this license.

General [Next Section](#) | [Top](#) | [Main Menu](#)

2 Year Renewal

*Property Type

Phone Number of Management Company

Address of Management Company

*Name of Management Company

*Number of Units

Remeterere Company [Previous Section](#) | [Next Section](#) | [Top](#) | [Main Menu](#)

Associated License Info Details						
Business License Number	Business Name	Business Address	License Status	Association Start Date	Association End Date	Association Terminated

[+ Add Row](#)

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Late Fee Applies

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Remeterere Company

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Associated License Info Details						
Business License Number	Business Name	Business Address	License Status	Association Start Date	Association End Date	Association Terminated
Business License Number	Business Name	Business Address	License Status	Association Start Date	Association End Date	Association Terminated

[Save](#) [Cancel](#)

Step 4 - More Info – Water Remetering Properties

- Select **+Add Row** to update the fields below with the relevant information for this license.

Insurance [Previous Section](#) | [Next Section](#) | [Top](#) | [Main Menu](#)

Insurance Information Details							
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
+ Add Row							

Affidavit Reason

*Worker's Compensation

Affidavit (if selected, fill "Affidavit Reason")
 Certificate of Insurance
 State Exemption

Worker's Compensation is required.

Other

Late Fee Applies

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Insurance Information Details							
ID Number	Insurance type	Date Received	Insurance Expiration	Bond/Ins./Lien Amount	Amount of Coverage	Agents Name	Underwriter
*ID Number	<input type="text"/>	ID Number is required.					
*Insurance type	<input type="text"/>	Insurance type is required.					
*Date Received	<input type="text"/>	Date Received is required.					
*Insurance Expiration	<input type="text"/>	Insurance Expiration is required.					
*Bond/Ins./Lien Amount	<input type="text"/>	Bond/Ins./Lien Amount is required.					
Amount of Coverage	<input type="text"/>						
*Agents Name	<input type="text"/>	Agents Name is required.					
*Underwriter	<input type="text"/>	Underwriter is required.					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>							



Pain Clinic

Business License Information

Step 4 - More Info – Pain Clinic

- If renewal, select **2 Year Renewal**.
- Select **+Add Row** to update the fields below with the relevant information for this license.

Apply for License - Pain Clinic *REQUIRED

Locations Type Contacts **More Info** Attachments Signature Review and Submit

MORE INFO
Update the fields below with the relevant information for this license.

General [Next Section](#) | [Top](#) | [Main Menu](#)

2 Year Renewal

Physicians Details							
Physician Name	Physician Address	FL Medical License & Term	DEA Number	Designated Physician	Association Start Date	Association End Date	Association Terminated

[+ Add Row](#)

*Is the Clinic licensed by Florida?
Is the Clinic licensed by Florida? is required.

*Controlled substance dispensed at Clinic Site?
Controlled substance dispensed at Clinic Site? is required.

*Controlled substance prescribed at Clinic Site?
Controlled substance prescribed at Clinic Site? is required.

Health Care License Number

Other Info [Previous Section](#) | [Top](#) | [Main Menu](#)

Late Fee Applies

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↗

Physicians Details							
Physician Name	Physician Address	FL Medical License & Term	DEA Number	Designated Physician	Association Start Date	Association End Date	Association Terminated
Physician Name	Physician Address	FL Medical License & Term	DEA Number	Designated Physician	Association Start Date	Association End Date	Association Terminated

[Save](#) [Cancel](#)



Personal Injury Protection

Business License Information



Step 4 - More Info – Personal Injury Protection

- If renewal, select **2 Year Renewal**.
- Select **+Add Row** to update the fields below with the relevant information for this license.

MORE INFO

Update the fields below with the relevant information for this license.

General [Next Section](#) | [Top](#) | [Main Menu](#)

2 Year Renewal

Physicians Details

[+ Add Row](#)

Physician Name	Physician Address	FL Medical License & Term	DEA Number	Designated Physician	Association Start Date	Association End Date	Association Terminated

*Controlled substance dispensed at Clinic Site?

Controlled substance dispensed at Clinic Site? is required.

Health Care License Number

Other Info

Late Fee Applies

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Physicians Details

Physician Name	Physician Address	FL Medical License & Term	DEA Number	Designated Physician	Association Start Date	Association End Date	Association Terminated
----------------	-------------------	---------------------------	------------	----------------------	------------------------	----------------------	------------------------

Physician Name

Physician Address

FL Medical License & Term

DEA Number

Designated Physician

Association Start Date

Association End Date

Association Terminated

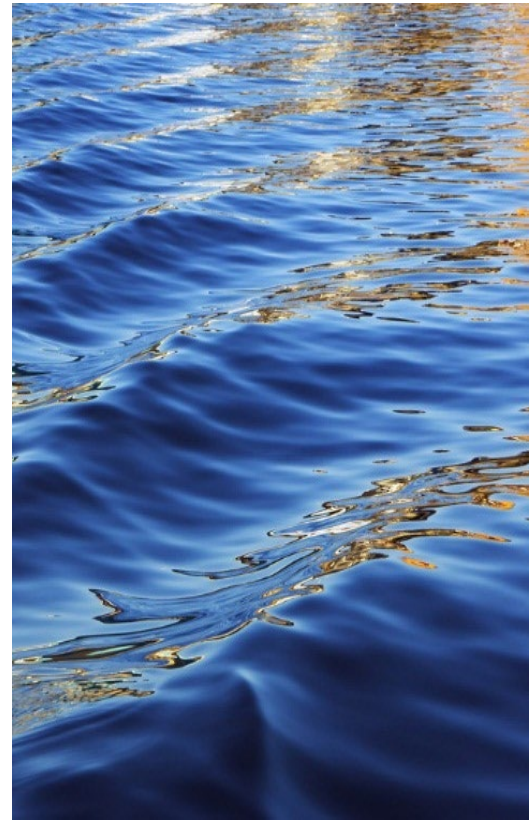
[Save](#)

[Cancel](#)



Domestic Partnership

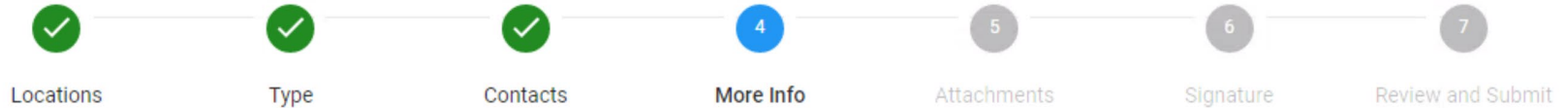
Business License Information



Step 4 - More Info – Domestic Partnership

4

- Select the **Application Type** from the drop-down list. If renewal, enter the license #.



MORE INFO

Update the fields below with the relevant information for this license..

General

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***Domestic Partner Name 1**

Domestic Partner Name 1 is required.

***Domestic Partner Name 2**

Domestic Partner Name 2 is required.

Back

Create Template

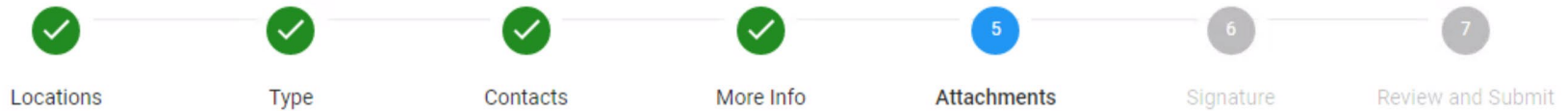
Save Draft

Next

Step 5 - Attachments

5

- Add the **Application** by selecting the **+ plus** symbol on the blue tile
- Select the applicable attachment type from the drop-down list. To add additional attachments, select the **+ plus** symbol on the blue tile. Select **Next** to continue.



Attachments

Please attach all the needed application documentation..

Required Application File
Add Attachment
+
Supported: .pdf
REQUIRED

Required Application Fil
Add Attachment
+
Supported: .pdf

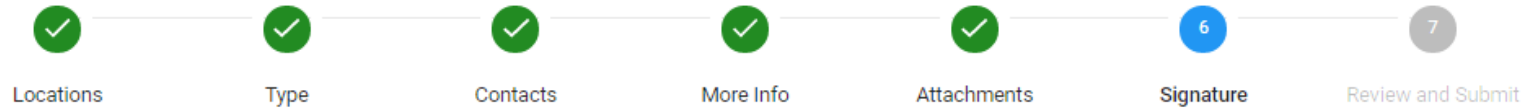
Back

Save Draft

Next

Step 6 Signature

- * Please type your name as consent to electronically sign this application. You can enable



SIGNATURE

* Please type your name as consent to electronically sign this application.

Enable Type Signature

Vanessa L. Collazo
January, 26 2021

X Draw Signature Here

Clear

Back

Save Draft

Next

Step 7 Review and Submit

- Please review your intake submission. You can click **Back** to review prior steps. When you are ready, select **Submit**.

Progress bar: Locations ✓, Type ✓, Contacts ✓, More Info ✓, Attachments ✓, Signature ✓, Review and Submit 7

Submit (highlighted in red)

Locations

Location	1005 NW 123 ST , North Miami, FL 33168-6415
Parcel Number	0621260160830

Basic Info

Company Name	Vanessa Testing Company
Company Type	Non-Profit
Business Description	Testing Data Field Business Description.
DBA	Testing DBA
Location	Commercial
License Type	Domestic Partnership
Description	Testing License Details Description
Applied Date	01/26/2021

Estimated Fees

The following is a fee estimate and totals are subject to change. Additional fees may apply.

Fee	Amount
DP Registration	\$64.00

Total: \$64.00

Contacts

Owner	Vanessa Collazo Testing 8820 NW 114th Place, Doral, FL., 33178
Manager	Maykelyn Felipe 28381 SW 128 Place , Miami, FL., 33033

More Info

General

Domestic Partner Name 1	Vanessa Testing 1
Domestic Partner Name 2	Vanessa Testing 2

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Attachments

Required Application File	Document1 - Copy.pdf
---------------------------	----------------------

Back **Save Draft** **Submit**

Accessing your license summary

- A successful message will be displayed in the window. Select Continue to License

✔ Your application was successfully submitted!

Thank you! Your application was successfully submitted.

Continue to license

- You will be able to access the license details.

License Number: DP000010-01-2021

Testing DBA

- License cannot be printed at this time. License has not been issued.

[License Details](#) | [Tab Elements](#) | [Main Menu](#)

License Details

License Type:	Domestic Partnership	District:	Applied Date:	01/26/2021
Account Number:		Issued By:	Period Start Date:	
Status:	Submitted - Online		Expiration Date:	
Description:	Testing License Details Description			

[Business](#) | [Locations](#) | [Fees](#) | [Inspections](#) | [Attachments](#) | [Contacts](#) | [Classifications](#) | [More Info](#)

[Business](#) | [Next Tab](#) | [License Details](#) | [Main Menu](#)

Business

Company Name:	Vanessa Testing Company	DBA:	Testing DBA	Open Date:	
Company Type:	Non-Profit	Status:	In Review	Closed Date:	
District:				Last Audit Date:	
Location:	Commercial				
Description:	Testing Data Field Business Description.				

Pay online

- Once the submission is reviewed, you will receive an invoice with required fees due by email. Login to your **Citizen Self Service account** and select **Add to Cart** and proceed to pay.

License Number: DP000017-01-2021

[Add to Cart](#)

- License cannot be printed at this time. License has unpaid fees.
- License cannot be printed at this time. License has not been issued.

[License Details](#) | [Tab Elements](#) | [Main Menu](#)

License Details

License Type: Domestic Partnership **District:** Commission District 1 **Applied Date:** 01/26/2021
Account Number: **Issued By:** **Period Start Date:**
Status: Submitted - Online **Expiration Date:**
Description:

[Business](#) | [Locations](#) | [Fees 1](#) | [Inspections](#) | [Attachments](#) | [Contacts](#) | [Classifications](#) | [More Info](#)

[Fee Summary](#) | [Remaining Fees](#) | [Paid Fees](#) | [Next Tab](#) | [License Details](#) | [Main Menu](#)

Fee Summary

Total Fees: \$64.00 **Paid Fees:** \$0.00 **Unpaid Fees:** \$64.00

[Add to Cart](#)

Remaining Fees

Sort

Fee	Invoice	Computed	Amount Due
DP Registration	I2021040505	\$64.00	\$64.00

Pay online

- Select **Check Out** for payment, you will be redirect to the ePayment portal.

Invoice: I2021040507 Description: NONE
Due Date: 01/29/2021 Billing Contact: Testing (Collazo, Vanessa)

Case Number	Project	Case Address	Amount Due
MVRA-000022-2021		16565 NE 26 AVE North Miami Beach FL 33160-4065	\$40.00

\$40.00
Remove
[Top | Main Menu](#)

- Select Check Out for payment, you will be redirect to the ePayment portal. Click on **EnerGov** button, to go back to CSS portal.

MIAMI DADE COUNTY ePayment TST

[CART](#) [PAYMENT](#) [REVIEW](#) [STATUS](#)

This application is available seven days a week from 12:30 a.m. to 11:30 p.m.
To report a problem, email biddept@miamidade.gov or call (786) 315-2100 during the business hours of 7:30 a.m. to 4:00 p.m., Monday through Friday.

Shopping Cart

There is a maximum of 8 Processes/Invoice Numbers per transaction.

TOTAL **\$748.00**

Process / Invoice Number	Site Address	Amount Due	Options
I2021043362	NW	748.00	<input type="button" value="DELETE"/>

Pay online

- Complete the payment information.

The screenshot displays the ePayment TST web application interface. At the top, there is a blue header with the Miami-Dade County logo on the left, the text "ePayment TST" in the center, and a small circular logo on the right. Below the header is a navigation bar with four icons: a shopping cart labeled "CART", a credit card labeled "PAYMENT", a document with a checkmark labeled "REVIEW", and a document with a checkmark labeled "STATUS".

Below the navigation bar is a light blue banner with the following text: "This application is available seven days a week from 12:30 a.m. to 11:30 p.m. To report a problem, email bldgdept@miamidade.gov or call (786) 315-2100 during the business hours of 7:30 a.m. to 4:00 p.m., Monday through Friday."

The main content area is titled "Payment Information" and includes navigation buttons "« Back" and "Next »". A dropdown menu is set to "MasterCard".

The form is divided into three sections:

- Credit Card Information:** Includes input fields for "Card Number", "Exp. Month", "Exp. Year", and "CVV".
- Personal Information:** Includes input fields for "First Name", "Middle Nam", "Last Name", "Phone Number", and "Email Address".
- Billing Information:** Includes input fields for "Billing Address 1", "Billing Address 2", "United States" (with a dropdown arrow), "City", "Florida" (with a dropdown arrow), and "Zip Code".

At the bottom right of the form, there is a graphic showing three credit cards: a Visa, a MasterCard, and an American Express. The text "CVV" is positioned above the cards, and a red line points from the CVV label to the CVV field on the American Express card.

Pay online

- Review payment information along with **Invoice Number**.
- Select **Yes** to submit payment and **Understood** to move forward.

MIAMI-DADE COUNTY ePayment TST

CART PAYMENT REVIEW STATUS

This application is available seven days a week from 12:30 a.m. to 11:30 p.m.
To report a problem, email bdgdept@miamidade.gov or call (786) 315-2100 during the business hours of 7:30 a.m. to 4:00 p.m., Monday through Friday.

Review Payment

« Back Submit »

Payment Method

[Credit Card] IPATEST IPATEST

Email Notification vanessa.collazo@miamidade.gov

VISA Visa ending in 9990 5680 SW 87 Ave

Process / Invoice Number

Process / Invoice Number	Price
I2021043362	\$748.00
TOTAL	\$748.00

Submit Payment

Your are about to proceed with your payment.
Do you want to continue?

YES CANCEL

Important!

Please, do not **close** or **refresh** the page during next process.

UNDERSTOOD CANCEL

Payment Status

Payment applied successfully.

CLOSE

- You will be able to print a receipt of the transaction and/or Return to CSS-EnerGov.

« Return To EnergovCashiering DEV Print »

Licensing Process Complete

- Once the application status has been updated to Issued, you will receive the license in **PDF** format by email.
- You can also download the license from **Citizen Self Service Portal** by selecting **Attachments**.

License Number: IL000019-06-2021



[License Details](#) | [Tab Elements](#) | [Main Menu](#)


License Details			
License Type:	Immobilization	District:	Commission District 4
Account Number:		Issued By:	Collazo, Vanessa
Status:	Issued	Applied Date:	06/01/2021
Description:		Period Start Date:	06/04/2021
		Expiration Date:	06/04/2022

[Business](#) [Locations](#) [Fees](#) [Inspection](#) **[Attachments](#)** [Contacts](#) [Classifications](#) [More Info](#)

[Attachments](#) | [Next Tab](#) | [License Details](#) | [Main Menu](#)

Attachments

Sort



Attachment

[TestLicensePrint.pdf](#)

Uploaded: 06/04/2021

Required Application F

Add Attachment

+

Supported: .pdf

Submit

Sample license

Miami-Dade County

BUSINESS LICENSE

Department of Regulatory and Economic Resources - Business Affairs

Business Name:

License Type: Immobilization

Business Location:

License Number:

Expiration Date:



This registration is **non-transferable**. The registration/license # must be stated in all advertisements.

TO BE POSTED IN A CONSPICUOUS PLACE