



Town of Medley  
Certificate of Use Application

**FOR OFFICE USE ONLY**

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

Payment Type: \_\_\_\_\_ Fee: \$125.00

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

CC: \_\_\_\_\_

License#: \_\_\_\_\_

**Submit To:**

License Department  
7777 NW 72<sup>nd</sup> Avenue  
Medley, Florida, 33166  
Telephone: (305) 887-6913 / (305) 887-9541  
[biztax@townofmedley.com](mailto:biztax@townofmedley.com)

There Is A (\$125.00) Fee (Check Payable To "Town Of Medley") For The Processing Of The Application For A Certificate Of Use.

Name of Business: \_\_\_\_\_  
Proposed Location: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Folio Number: **22-**\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Building Square Footage: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Nature of Business: (Give Brief Description of Type of Business Being Conducted or Proposed; Type of Merchandise To Be Carried Or Nature Of Services To Be Rendered). \_\_\_\_\_  
\_\_\_\_\_

Number of Employees \_\_\_\_\_

Are You Sharing Space With Another Business?  Yes  No (If Yes, Attach Copy of Current Certificate of Use)

Permit/Application Number (If There Was Alteration, Expansion, Establishment of Use or New Construction)  
\_\_\_\_\_

I Affirm the Information Given Herein Is True and Correct

X \_\_\_\_\_  
Applicant Signature Date

**To Be Completed By Zoning Division Only**

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

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

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

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

Number of Parking Spaces Required: \_\_\_\_\_ Number Of Parking Spaces Provided \_\_\_\_\_

Restrictions: \_\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved For Certificate by: \_\_\_\_\_

Conditions: \_\_\_\_\_

Denied for Certificate by: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_