



MIAMI-DADE COUNTY 2019 ANNUAL LOBBYIST REGISTRATION

Section 2-11.1(s) - Code of Miami-Dade County, Florida

Please Type or Print in Ink

Date: ____/____/____

Mr/Ms Last Name _____ First Name _____ Mi. _____

Business/Firm Name _____

Address _____

City _____ State _____ Zip _____

Note: It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.

Business Phone _____ Fax _____ E-Mail _____

Please indicate if you are representing a ___ Not-for-Profit Agency or ___ if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Section 2-11.1 (s) 3(b) and 4 of the Code of Miami-Dade County (Please check applicable group):

___ Certified Level 1 C.S.B.E ___ Certified Micro Enterprise ___ Certified Tier I Community Business Enterprise
___ Corporation, Partnership or other Entity

OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County.

Signature of Lobbyist

State of _____, County of _____

Sworn to and subscribed before me this

_____ day of _____, 20____. By _____

who is personally known ___ or produced identification _____

Type of Identification Produced _____

Notary Public in and for the State of _____ at Large

My commission expires:

(Notary Seal)

Deputy Clerk

ETHICS TRAINING REQUIREMENT

Section 2-11.1(s)(2)(d) of the Code requires each lobbyist to take an ethics course approved by the Ethics Commission and submit a certificate of completion to the Clerk of the Board within 60 days after registration.

Has Ethics Training Been Completed?

(Please Circle) Y / N

If Yes, Date of Completion ____/____/____

For Office Use Only:

Annual Registration Fee: **\$490.00 effective through 12/31/2019**

Data Entry Date _____, 20____

Fee Paid: [] Yes [] No [] Cash [] Check # _____

Entered By _____

Receipt No. _____

[] Visa [] Master Card

[] American Express

(Form Revision Date: 12/6/2018)

Clerk of the Board of County Commissioners, 111 NW First Street, Suite 17-202, Miami, FL 33128

Office: 305 375-5137 - Fax 305 375-2484

www.miamidade.gov

Email: clerkbcc@miamidade.gov





JOINT CONTINGENCY FEE AFFIDAVIT

AFFIDAVIT OF PRINCIPAL

I, _____ as Principal of _____,
Name of Principal (please print) Company Name (please print)

do hereby certify that I have not offered a contingency fee or success fee as defined in Section 2-11.1(s) (7) of the Miami-Dade County Code, to the below named Lobbyist.

Principal Signature

State of _____, County of _____
Sworn to and subscribed before me this
_____ day of _____, 20____. By _____
who is personally known _____ or produced identification _____
Type of Identification Produced _____

Notary Public in and for the State of _____ at Large
My commission expires: _____

(Notary Seal)

AFFIDAVIT OF LOBBYIST

I, _____ as registered Lobbyist, do hereby certify that I
Name of Lobbyist (please print)

have not agreed to accept a contingency fee or success fee as defined in Section 2-11.1(s) (7) of the Miami-Dade County Code, by the aforementioned Principal.

Lobbyist Signature

State of _____, County of _____
Sworn to and subscribed before me this
_____ day of _____, 20____. By _____
who is personally known _____ or produced identification _____
Type of Identification Produced _____

Notary Public in and for the State of _____ at Large
My commission expires: _____

(Notary Seal)

For Office Use Only:
Date Entered: _____, 20____ Entered By: _____
Created 2/1/2010





MIAMI-DADE COUNTY

LOBBYIST ACTIVITY AUTHORIZATION

Section 2-11. 1(s) - Code of Miami-Dade County Florida

Please Type or Print in Ink

Principal's Name	
Principal's Contact Person	
Principal's Trade Name	
Mailing Address	
Email Address	
Telephone Number	
Other Principal(s) of Interest holding directly or indirectly a 5% or more ownership interest.	
Name Of Lobbyist(s)	
Lobbyist's Address Note: It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.	
Telephone Number	
Date Employed	
Note: On or before July 1st of each year, every lobbyist must file an expenditure statement with the Clerk of the Board of County Commissioners for the <u>preceding</u> calendar year, regardless of the level of activity of the lobbyist, but only if the lobbyist has incurred expenses during the reporting period.	
<input type="checkbox"/> Please check here if the lobbyist is employed for a specific issue.	
Specific Issue:	
I swear under penalty of perjury that the information on this form is true and accurate.	
Principal's Signature:	Date: / /
Pursuant to Section 2-11.1(s)(9) of the Code of Miami-Dade County, misrepresentation on this form may subject a person to prohibition from lobbying before the County Commission or any committee, board or county personnel for a period not to exceed five years.	
For Office Use Only:	
Data Entry Date _____, 20____.	Entered By _____
<small>(Form Revision Date: 1/9/2015)</small>	

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www.miamidade.gov/cob

