



**CITY OF WEST MIAMI  
LOBBYIST – ISSUE APPLICATION**

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**HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?**

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**CITY OFFICIALS:** Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Director of Departments and Zoning Directors.

**FOR THIS PURPOSE:** To encourage the passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of any Board, City Commission and City Officials.

**TIME PERIOD:** During the time period of the entire decision-making process on an action, decision or recommendation, this foreseeable will be heard or reviewed, by the Commission, or a Board.

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**IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED.**

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Print Your Name here \_\_\_\_\_  
LOBBYIST

Print Your Business Name \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Business Address \_\_\_\_\_

Client you are representing on this issue:

Print name of client \_\_\_\_\_

Client's Address \_\_\_\_\_

Print Name of Corporation, Partnership, or Trust:

\_\_\_\_\_

Print names of all persons holding, directly or indirectly, a 5 % or more ownership interest in the corporation, partnership or trust:

\_\_\_\_\_

\_\_\_\_\_

**ISSUE:** Describe in detail, including address, if applicable, of the specific issue on which you will lobby:  
(Separate Application as Fee is required for each specific issue)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ISSUE FEE:** You are required to pay a \$ 125.00 Issue Fee to the City Clerk prior to lobbying on a specific issue.

**ADDITIONAL CLIENTS:** You are required to list name and address of each additional client represented on this issue, if any:

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I \_\_\_\_\_ hereby swear or affirm under penalty of perjury that all the facts contained on this Application are true and I am aware that these requirements are in compliance with the provisions of Miami-Dade County Code Section 2-11.1(s) governing lobbying.

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

\_\_\_\_\_  
Signature of lobbyist

Issue Fee Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Fee Waived for Not-for-Profit Organization (documentary proof attached) \_\_\_\_\_