



DARIEL FERNANDEZ
TAX COLLECTOR
MIAMI-DADE COUNTY

LICENSE PLATE AGENCY (LPA) APPLICATION

APPLICATION INSTRUCTIONS

Applicants must complete all sections of this application and submit all required supporting documentation identified in the Solicitation Package.

Incomplete applications may be deemed non-responsive and removed from further consideration.

SECTION 1

APPLICANT INFORMATION

LEGAL ENTITY NAME _____

DBA (IF APPLICABLE) _____ FEDERAL EIN _____

FLORIDA BUSINESS REGISTRATION NUMBER _____

DATE BUSINESS ESTABLISHED _____

BUSINESS ADDRESS _____

PRIMARY CONTACT

NAME: _____

TITLE: _____

PHONE: _____

EMAIL: _____



SECTION 2

OWNERSHIP DISCLOSURE

List all owners, partners, officers, directors, members, shareholders, or individuals holding a financial interest of 10% or greater.

NAME	TITLE	OWNERSHIP %

Attach additional pages if necessary.

SECTION 3

AFFILIATED ENTITY DISCLOSURE

Identify all affiliated entities, parent companies, subsidiaries, common ownership interests, or entities under common control.

If none, indicate: No Affiliated Entities

SECTION 4

BUSINESS EXPERIENCE

Describe the applicant's experience operating:

- Customer service operations
- Government-related services
- Financial transaction processing
- Retail or service center operations
- Experience that may be relevant to the services offered

Attach additional pages if necessary.



SECTION 5

PROPOSED LOCATION

Proposed Site Address

Is the location currently secured?

YES NO IF YES: Owned Leased Option Agreement

Estimated Facility Size _____ Number of Customer Parking Spaces _____
(Square Feet)

Is the location ADA accessible?

YES NO

Attach any available site plans, photographs, or supporting materials.

SECTION 6

PROPOSED LOCATION

Has the applicant secured financing or capital sufficient to establish and operate the proposed agency?

YES NO Estimated Available Capital \$ _____

Financial Institution(s) _____

Attach supporting financial documentation as required by the Solicitation Package.

SECTION 7

BUSINESS PLAN

Attach a Business Plan addressing:

- Organizational structure
- Management team
- Staffing plan
- Customer service strategy
- Operational readiness
- Proposed hours of operation
- Implementation timeline
- Long-term sustainability

Included:

YES NO



SECTION 8

GEOGRAPHIC NEED STATEMENT

Attach a Geographic Need Statement addressing:

- Proposed service area
- Existing nearby LPAs
- Customer demand rationale
- Population served
- Service gaps addressed
- Public benefit
- Accessibility

Included:

YES NO

SECTION 9

REGULATORY AND LEGAL DISCLOSURES

Has the applicant or any principal, officer, owner, or affiliated entity ever:

Been subject to a regulatory enforcement action?

YES NO

Had a license suspended or revoked?

YES NO

Been terminated from a government contract?

YES NO

Been convicted of fraud, embezzlement, theft, bribery, or other financial crimes?

YES NO

Been involved in litigation related to business operations within the past five years?

YES NO

If yes to any question above, provide explanation:



9 A.

BUSINESS RELATIONSHIP DISCLOSURES

To ensure transparency and identify potential conflicts of interest, applicants shall disclose any ownership interest, direct or indirect, in any of the following:

EXISTING LICENSE PLATE AGENCIES

Do you or any owner, officer, director, member, shareholder, affiliate, or related entity have any ownership interest in an existing License Plate Agency?

YES NO

If YES, explain:

INSURANCE AGENCIES

Do you or any affiliated entity own or operate an insurance agency?

YES NO

If YES, identify the agency:

MOTOR VEHICLE DEALERSHIPS

Do you or any affiliated entity own or operate a motor vehicle dealership?

YES NO

If YES, identify the dealership:

TITLE AGENCIES

Do you or any affiliated entity own or operate a title agency?

YES NO

If yes, identify the title agency:

TITLE AGENCIES

Do you or any affiliated entity operate any other motor vehicle-related business?

YES NO

If yes, describe:



9 B.

BACKGROUND INVESTIGATION AUTHORIZATION

The applicant understands that the Miami-Dade County Tax Collector may conduct or cause to be conducted investigations necessary to verify information contained within this application.

SUCH INVESTIGATIONS MAY INCLUDE:

- Criminal background checks
- Financial background reviews
- Verification of business records
- Verification of ownership interests
- Regulatory and compliance history reviews
- Reference checks

The applicant authorizes the release of information reasonably necessary to conduct such reviews and agrees to cooperate with any investigation related to the evaluation of this application.

Authorized Representative Initials: _____

9 C.

DISCLOSURE OF CRIMINAL OR REGULATORY HISTORY

Has the applicant or any principal, owner, officer, director, member, manager, or affiliate:

WITHIN THE PAST TEN YEARS

Been convicted of, pled guilty to, or entered a plea of nolo contendere to:

- Fraud
- Embezzlement
- Theft
- Bribery
- Public corruption offenses
- Financial crimes
- Identity theft
- Money laundering

YES **NO**

If yes, provide details:

REGULATORY ACTIONS

Has the applicant or any principal ever been the subject of:

- License suspension
- License revocation
- Regulatory sanctions
- Government enforcement action
- Administrative penalties

YES **NO**

If yes, provide details:



SECTION 10

REQUIRED ATTACHMENTS CHECKLIST

- Completed Application
- Business Plan
- Geographic Need Statement
- Financial Statements
- Proof of Available Capital
- Ownership Disclosure
- Business Registration Documents
- Proposed Location Information
- Additional Supporting Documentation

SECTION 11

APPLICANT CERTIFICATIONS

The undersigned certifies that:

1. All information contained within this application is true and correct.
2. The applicant agrees to comply with all applicable federal, state, and local laws.
3. The applicant understands that submission of an application does not guarantee authorization.
4. The applicant acknowledges that any authorization remains subject to final approval by the Miami-Dade County Tax Collector.
5. The applicant understands and acknowledges the requirement to pay the Implementation Cost Recovery Fee if selected for authorization.

PRIMARY CONTACT

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____



11 A.

SERVICE AGREEMENT ACKNOWLEDGEMENT

The applicant acknowledges receipt of the proposed License Plate Agency Service Agreement.

The applicant understands that authorization is contingent upon execution of a final agreement approved by the Miami-Dade County Tax Collector.

The applicant further acknowledges that selection through this process does not create a contractual relationship and that final authorization remains subject to successful contract negotiations and execution.

Authorized Representative Initials: _____

11 B.

CERTIFICATION OF COMPLETENESS

The undersigned certifies that:

- All information submitted is true, complete, and accurate.
- No material facts have been omitted.
- The applicant understands that any material misrepresentation or omission may result in disqualification, denial of authorization, termination of negotiations, or termination of any resulting agreement.

Authorized Representative Initials: _____

11 C.

FINALITY OF DECISIONS

The applicant acknowledges that the authorization of a License Plate Agency is within the sole discretion of the Miami-Dade County Tax Collector and that all decisions regarding authorization are final.

INITIALS: _____

DATE: _____

NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 26.

Notary Public

My Commission Expires: _____