



**CITY OF CORAL GABLES
LOBBYIST
ISSUE APPLICATION**

REGISTRATION #: _____

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

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors, Board, Committee Members, or any City Official or staff.

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, Committee or City Official.

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. ISSUE FEE: NO CHARGE, PROVIDING YOU HAVE A CURRENT ANNUAL LOBBYIST REGISTRATION DOCUMENT ON FILE.

Print Your Name _____
LOBBYIST

Print Your Business Name _____

Business Telephone Number _____

Business Address _____
ADDRESS CITY, STATE ZIP CODE

Corporation, Partnership, or Trust Represented:

Principal Name: _____

Principal Address: _____ Telephone Number: _____

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

I _____ hereby swear or affirm under penalty of per-
jury that all the facts contained in this Application are true and that I am aware
that these requirements are in compliance with the provisions of the City of Coral
Gables Ordinance No. 2006-11, governing Lobbying.

Signature of Lobbyist

Date

STATE OF FLORIDA)
)
COUNTY OF DADE)

BEFORE ME personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my Hand and Official Seal this _____.

_____ Personally Known

_____ Produced ID

Notary Public
State of Florida

For Office Use Only

Data Entry Date: _____, 20_____.

Entered By: _____

Annual Fees Waived for Not-for-Profit Organization. Please attach documentary proof.