



**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(s), Deputy/Assistant City Attorney(s), 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 and Email Address: \_\_\_\_\_ / \_\_\_\_\_  
LOBBYIST EMAIL ADDRESS

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 (06/06/2006); Ordinance No. 2017-44  
(12/05/2017); governing Lobbying.

\_\_\_\_\_  
Signature of Lobbyist

\_\_\_\_\_  
Date

STATE OF FLORIDA     )  
  )  
COUNTY OF MIAMI-     )  
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 Organizations (documentary proof attached.) \_\_\_\_\_

FL ID #: \_\_\_\_\_