

ANNUAL LOBBYIST REGISTRATION

Page 2

Please Type or Print in Ink in the column below

What is the Principal's Name	
Who is the Principal's Contact Person	
What is the Principal's Trade Name	
What is the Principal's Mailing Address	
If the Principal is a legal entity, what type of entity is it, i.e., corporation, partnership, trust, LLC, etc.	
Names of all chief officers, managing members, partners and trustees of Principal	
What is the Principal's telephone number	
What is the name of all persons or entities who, directly or indirectly, have a 5% or more ownership interest in the Principal.	

Provide the following information for all of the Principal's Lobbyists who are to be representing the Principal on the issue(s) described in this lobbyist Registration Form. If you need additional space type the information on a separate sheet and attach to this Registration Form.

Type the name and date of employment of each Lobbyist below		Type the address [see note 2 below], phone # and issue for each lobbyist below		
Name	Date	Address	Telephone #	Type the issue to be lobbied below

Note 1 On or before September 30th of each year, every lobbyist must file an expenditure statement with the City Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, unless the lobbyist has NOT incurred any expenses during the reporting period.

Note 2: It is the responsibility of the lobbyist and the Principal to notify the City Clerk of any changes in address

Legislative Issue Information [] Please check in the foregoing box if the lobbyist is employed for a specific issue and identify, below, the name of each elected or appointed official, city department head, City personnel, member of any agency, board, committee or task forces or anyone else who you will be lobbying and beside each name identify the issue to be lobbied with that person: _____
 If you need additional space, type or print the information on a separate sheet and attach to this Registration Form.

WARNING: Pursuant to Section 2-11.1(s)(9) of the Code of Miami-Dade County, misrepresentation of any facts on this form may subject the person signing this form to be prohibited from lobbying any of the City Personnel, including appointed and elected officials, department heads and members of any agency, board or committee for a period up to five years.

ANNUAL LOBBYIST REGISTRATION

Page 3

AFFIDAVIT OF PRINCIPAL

I, _____ as principal of _____,
Name of principal (please print) Entity's Name (please print)

do solemnly swear or affirm under penalty of perjury that all facts contained on this Annual Lobbyist Registration form are true and correct; that I have read and am familiar with the provisions contained in Sec. 8A-5 of Chapter 8A of the City of South Miami's Code of Ordinances, and Sec. 2-11.1(a) of the Miami-Dade County Code and that I have not offered a contingency fee or success fee as defined in Section 2-11.1(s)(7) of the Miami-Dade Code, to any of the lobbyists named below.

Signature of Principal

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 _____.

My Commission expires:
(Notary Seal)

Signature of Notary

AFFIDAVIT OF LOBBYIST

I, _____ as lobbyist for _____,
Name of lobbyist (please print) Principal's Name (please print)

do solemnly swear or affirm under penalty of perjury that all facts contained on this Annual Lobbyist Registration form are true and correct; that I have read and am familiar with the provisions contained in Sec. 8A-5 of Chapter 8A of the City of South Miami's Code of Ordinances, and Sec. 2-11.1(a) of the Miami-Dade County Code and that I have not received or been offered a contingency fee or success fee as defined in Section 2-11.1(s)(7) of the Miami-Dade Code, to any of the lobbyists named below.

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 _____.

My Commission expires:
(Notary Seal)

Signature of Notary

For Office Use Only:

Annual Registration Fee: \$500.00 Oct. 1 – Sept 30

Fee Paid: [] Yes [] No [] Cash [] Check [] Visa [] Mastercard [] American Express