



LOBBYIST REGISTRATION FORM

• LOBBYIST INFORMATION

Lobbyist Full Name: _____

Lobbyist General/Specific area(s) of interest(s): _____

Lobbyist Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Lobbyist Employer/Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Is there direct business association by the lobbyist with any current elected or appointed official or employee of City? Yes No

If Yes, explain: _____

• PERSON(S)/ENTITY YOU ARE REPRESENTING

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Are you lobbying without any compensation, on behalf of a nonprofit entity? Yes No

• SUPPORTING DOCUMENTS

1. Signed Application
2. Affidavit of Financial Disclosure
3. The annual lobbying fee of \$100 per lobbyist

Note: If you are lobbying without any compensation, on behalf of a nonprofit entity, you are not required to pay a registration fee in connection with those uncompensated lobbying activities.

• MY CERTIFICATION

I hereby certify that all information given herein is true and accurate. I understand that providing false or misleading information on this application may subject me to criminal prosecution. I understand that I may be subject to investigation by the City Attorney at the request of the City Commission for violations of the Lobbyist Registration Ordinance. I understand that if there are any subsequent changes in the status of my Lobbyist stated above, that I will notify the City of Miramar of such changes. I understand that this Lobbyist Registration expires on December 31st and must be renewed each year.

I further understand, on or before January 1st of each year, each Lobbyist shall submit to the City Clerk's Office, an Affidavit of Financial Disclosure Form.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____

• PAYMENT & MAILING INFORMATION

Please mail application, required documentation and payment to:

City of Miramar
City Clerk's Office
Lobbyist Registration for Calendar Year _____
2300 Civic Center Place
Miramar, FL 33025



AFFIDAVIT OF FINANCIAL DISCLOSURE

For Calendar Year Ending December 31st

Lobbyist Name: _____ Date Filed: _____

Business Name: _____

Client Name: _____

Identify specific areas of lobbyist interest on behalf of client (such as project name, nature of petition to City Commission, etc.):

The following reflects all amounts expended in connection with lobbying activities for the above-named client during the calendar year ending December 31st.

NAME OF RECIPIENT	TOTAL \$ VALUE OF EACH GIFT	DISCRIPTION OF INDIVIDUAL GIFTS	DATE OF GIFT

Lobbyist Signature: _____ Date: _____

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____

by _____.

Notary Public Signature

Print Name

Personally known to me _____, OR Produced Identification _____

Type of Identification Produced _____