

City of Miramar Office of the City Clerk 2300 Civic Center Place, Miramar, FL 33025 Tele: (954) 602-3011 Fax: (954) 602-3440

http://www.miramarfl.gov

LOBBYIST REGISTRATION FORM

LOBB	TIST REGISTRA	TION FORIVI		
• 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 lobbyis	st with any current elected or a	ppointed official or employee of City? Yes No		
If Yes, explain:				
PERSON(S)/ENTITY YOU ARE REPR	ESENTING			
Name: Address:		City: State: Zip:		
Are you lobbying without any compensation, on b	ehalf of a nonprofit entity? Ye	es No 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				
application may subject me to criminal prosecurequest of the City Commission for violations of	tion. I understand that I may f the Lobbyist Registration Or /e, that I will notify the City of I	tand that providing false or misleading information on this y be subject to investigation by the City Attorney at the rdinance. I understand that if there are any subsequent Miramar of such changes. I understand that this Lobbyist		
I further understand, on or before January 1 st of 6 Disclosure Form.	each year, each Lobbyist shal	I submit to the City Clerk's Office, an Affidavit of Financial		
Applicant's Signature:		Date:		
Print Name:		Title:		
PAYMENT & MAILING INFORMATION	N			
Please mail application, required documentation a	and payment to:			

City o



AFFIDAVIT OF FINANCIAL DISCLOSURE For Calendar Year Ending December 31st

Lobbyist Name:		Date Filed:		
Business Name:				
Client Name:				
Identify specific areas petition to City Commis	of lobbyist interest on be sion, etc.):	ehalf of client (such as p	project name, nature of	
	Il amounts expended in c calendar year ending De		activities for the above-	
NAME OF RECIPIENT	TOTAL \$ VALUE OF EACH GIFT	DISCRIPTION OF INDIVIDUAL GIFTS	DATE OF GIFT	
Lobbyist Signature:		Date	ə:	
STATE OF FLORIDA				
COUNTY OF BROWAF	RD			
The foregoing instrume	nt was acknowledged be	fore me this	_ day of	
by				
		Notary Public Signat	ure	
		Print Name		
Personally known to me		, OR Produced Identification		
Type of Identification Pr	roduced			