



CITY OF CORAL GABLES

CERTIFICATE OF USE APPLICATION

(PLEASE PRINT)

REMIT TO: DEVELOPMENT SERVICES DEPARTMENT
PLANNING AND ZONING DIVISION

CERTIFICATE OF USE
P.O. BOX 141549
CORAL GABLES, FL 33114-1549

FOR INFORMATION PLEASE CALL (305) 460-5236

THERE IS A ONE HUNDRED FOURTEEN DOLLAR AND NINETEEN CENT (\$114.19) FEE FOR THE PROCESSING OF THE APPLICATION FOR A CERTIFICATE OF USE. (REMIT CHECK PAYABLE TO "CITY OF CORAL GABLES")

NAME OF BUSINESS: TRAIL THEATER

NATURE OF BUSINESS: (GIVE BRIEF DESCRIPTION OF TYPE OF BUSINESS BEING CONDUCTED OR PROPOSED; TYPE OF MERCHANDISE TO BE CARRIED OR NATURE OF SERVICES TO BE RENDERED).

Existing Theater with 430 seats. Add the sale of alcoholic beverage (Liquor) for consumption on the premises.

PROPOSED LOCATION: 3715 SW 8 ST

SUITE NO.: N/A ZIP CODE: 33134

PLEASE CHECK BOX IF MAILING ADDRESS DIFFERS FROM ABOVE LOCATION.
PRINT MAILING ADDRESS BELOW:

SQUARE FOOTAGE OF SUITE/SPACE: 9,388 sq ft

PRIOR TENANT OF SUITE/SPACE: _____

CONTACT PERSON: JORGE ANGULO PHONE NO.: (305) 443-1022

I SWEAR THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT

X 05-11-2015
DATE

[Signature]
APPLICANT SIGNATURE