



MIAMI-DADE COUNTY
APPROVAL OF MUNICIPAL APPLICATION
FOR CERTIFICATE OF USE OR BUSINESS LICENSE

FOLIO: 0141150120020
ZONING DISTRICT: T5-O
MUNICIPAL APPLICATION NO: CU-APP-2628839



CERT NO: MU25002779
DATE OF ISSUANCE: April 24,2025
PROCESS NO: MU25002779

THIS APPROVAL MUST BE POSTED ON PREMISES

CORP NAME / DBA: CONGELA BIOCOSMETICS LLC
BUSINESS ADDRESS: 1728 CORAL WAY UNIT #6- FL
BUSINESS USE: OFFICE USE ONLY
USE SPECIFICS: ADMINISTRATIVE DAILY OPERATIONS
LEGAL DESCRIPTION: NEW SHENANDOAH PB 10-55 LOTS 7 THRU 11 BLK 27 LOT SIZE 14625 SQ FT OR
19069-4047 0300 1 COC 24194-1347 01 2006 2

-----**CONDITIONS**-----

- (RER) THIS MIAMI-DADE APPROVAL OF A MUNICIPAL CERTIFICATE OF USE IS VALID FOR AN UNLIMITED TIME OR AS INDICATED BELOW PROVIDED THERE ARE NO CHANGES TO THE USE, BUSINESS NAME OR OWNERSHIP; OR EXPANSIONS, ALTERATIONS OR ADDITIONS TO THE APPROVED USE. ALL CHANGES LISTED ABOVE WILL REQUIRE ISSUANCE OF A NEW CERTIFICATE OF USE.
- (RER) THIS MIAMI-DADE APPROVAL OF A MUNICIPAL CERTIFICATE OF USE DOES NOT RELIEVE THE APPLICANT FROM COMPLIANCE WITH ANY FEDERAL, STATE, OR LOCAL REGULATIONS.
- (RER) YOU ARE ALSO REQUIRED TO ALLOW MIAMI-DADE COUNTY INSPECTORS ACCESS AT ANY REASONABLE TIME TO CONDUCT AN INSPECTION.

INVOICE #: 9641836		City of Miami			
SPECIAL PERMIT #: _____ (If applicable)		CERTIFICATE OF USE INSPECTION FORM			
BUILDING PERMIT #: _____ (If applicable)					
INSTRUCTIONS					
<p>1. Do not operate the business until a Certificate of Use, a Business Tax Receipt and, if applicable, a Certificate of Occupancy are issued.</p> <p>2. This inspection fee is not refundable.</p> <p>3. The building must be open to all inspectors.</p> <p>4. Pursuant to the Miami Charter Sec. -2-207(b)* All applications for Certificate of Use shall expire 90 working days from the date of application if approval is not received for issuance of a Certificate, unless the space is under construction with a valid permit and approvals cannot be made until work is completed*.</p> <p>5. Pay for your Certificate of Use online at http://miamigov.com/pay using the attached invoice.</p> <p>6. Schedule the required inspections with the agencies selected on page two of this Inspection Form.</p> <p>7. To schedule your inspections with the City of Miami Fire-Rescue and Code Compliance Departments, you must call 311 or 305-468-5900.</p> <p>8. To request an inspection from the Florida Department of Business & Professional Regulation, Division of Hotels & Restaurants, you must call 850-487-1395 or visit http://www.myfloridalicense.com/DBPR/.</p> <p>9. To request an inspection from the Florida Department of Agriculture & Consumer Services, you must call 1-800-HELP-FLA (1-800-435-7352)/ 1-800-FL-AYUDA (1-800-352-9832) or visit https://www.fdacs.gov/.</p> <p>10. To have your application reviewed by the Miami-Dade County Department of Regulatory & Economic Resources, Division of Environmental Resources Management, commonly referred to as "DERM", you must complete and submit this Inspection Form to Miami-Dade County through their Plan Status & Application Submittal Portal at https://wwwx.miamidade.gov/Apps/RE/EPSPortal/. Please refer to the attached User Guide to assist you with the submittal process.</p> <p>11. Once you have passed all the required inspections, please email this form and the DERM approval document as a PDF attachment directly to the City of Miami Zoning Department.</p> <p>12. Alterations to this form will result in denial of the application.</p>					
Business Name: Congela Biocosmetics LLC		DBA:		Date: 4/1/2025	
Address of Business, Including suite or space number and zip code		1728 SW 22 ST 6-FL Miami FL 33145			
Mailing Address: (If Different)		N/A			
Business Telephone: (800)490-0924		Emergency Telephone:		Business Owner or Agent: RESTEM GROUP INC	
				E-mail: nicolevasquez@gmail.cc	
CITY OF MIAMI OFFICIAL USE ONLY	Transect Zone: T5		Property Tax Folio#: 0141150120020		Invoice Date: 4/4/2025
	Previous Use/Business Type:		Proposed/Approved Use: General Commercial - Office		Sq. Ft / Units, Seat or Floors: 1870.00 Sq Ft
	Restrictions (Comments): OFFICE				
	Certificate of Occupancy#:		Certificate of Use Application#: CU-App-2628839		Temporary Certificate of Use#:
	Fire Zone: 0402		Type of Construction: CBS		
	Occupation Classification:				
	Zoning Official Print Name:			Final Zoning Reviewer: N/A	
	Zoning Official Signature: 			Date: May 7 2025	
BUSINESS APPLICANT SECTION	Corporate Officer/Partner/Authorized Representative (Name & Title)				Telephone:
	Signature of applicant confirms the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued.				
	Print Name:				Date:
	Signature:				

CERTIFICATE OF USE #:

CU-App-2628839

RECORD OF INSPECTIONS

INSTRUCTIONS: Print out of this must be prominently displayed on the site.

	INSTRUCTION(S)	DATE	COMMENTS	INSPECTOR
CODE COMPLIANCE	<input checked="" type="checkbox"/>			
			(Waste Management)	
	FINAL	4-15-25	(OK)	Chen
BUILDING	<input type="checkbox"/>			
	FINAL			
HEALTH/HOTEL/RESTAURANT	<input type="checkbox"/>			
	FINAL			
FIRE PREVENTION	<input checked="" type="checkbox"/>			
		4/9/25	PASS	CASTRO #254
	FINAL			
DERM	<input checked="" type="checkbox"/>			
	FINAL			
AGRICULTURE	<input type="checkbox"/>			
	FINAL			

I have read the application and I do freely and voluntarily state that the statements and information contained here is true and correct.

Signature of Owner/Agent:

Date: