

**City of Miami Beach
Non-Profit Lottery**

AUTHORIZATION LETTER DIRECTIONS

1. **LETTERHEAD:** Print form on organizations letterhead paper.
2. **DATE:** Date of the authorization letter, i.e. month/day/year.
3. **NAME:** Full name of non-profit organization. NOTE: This **must match exactly** with the organization name on the application.
4. **AUTHORIZATION LETTER:** Lottery periods are: Feb-Apr, May-July, Aug-Oct, Nov-Jan
5. **AUTHORIZED AGENT:** Full name of person who represents the organization as the authorized agent/representative in charge of vending or distribution. NOTE: This **must match exactly** with the name on the application.
6. **SIGNATURE:** The notarized signature of the registered agent/officer or director of the corporation, as listed and registered with the State of Florida, who also signs the application.
7. **PRINTED NAME:** Printed name of the registered agent/officer or director of the corporation, as listed and registered with the State of Florida, who also signs the application.
8. **NOTARY:** Authorization letters will not be accepted unless signatures are notarized.
9. **NOTE:** Photo ID; i.e. drivers license, State of Fl. Identification card, Passport, etc.

MAILING ADDRESS FOR APPLICATIONS:

CITY OF MIAMI BEACH
REVENUE SUPERVISOR
1700 CONVENTION CENTER DRIVE
MIAMI BEACH, FL 33139-1824