

**TOWN OF GOLDEN BEACH
CONTRACTOR REGISTRATION
FORM**

COMPANY NAME & COMPLETE MAILING ADDRESS	Trade:	Contractor Registration
	Phone:	Initial: \$50.00 _____
	Fax:	Renewal: \$30.00 _____
	Cellular:	Paid by Check:
Print Qualifier's Name: →	Qualifiers Signature	Date Paid:
LICENSING INFORMATION	LICENSE NUMBERS:	EXPIRATION DATES:
State of Florida - Certified or Registered (circle one)		
State of Florida - Qualified Business License		
Miami Dade County - Certificate of Competency		
Miami Dade County - Municipal Contractor		
Miami Dade County Occupational		
Other		
INSURANCE COMPANY INFORMATION-LIABILITY	INSURANCE COMPANY INFORMATION-WORKERS' COMP	
Expiration Date:	Expiration Date:	

EMERGENCY CONTACT -Name, Address & Phone

Phone: _____	Email Address: _____

The following must be attached to this form for processing: 1) Photo Copies of all licensing 2) Qualifier Identification with photo and signature 3) Insurance Certificates with the Town of Golden Beach as Certificate holder, faxed directly from the insurance company, to (305) 933-3825, or submit originals Insurance Certificates at the time of registration 4). Complete this form in it's entirety

DO NOT FAX

PRESENT THIS FORM AT TIME OF PERMITTING