

**TOWN OF GOLDEN BEACH  
CONTRACTOR REGISTRATION  
FORM**

<b>COMPANY NAME &amp; COMPLETE MAILING ADDRESS</b>	<b>Trade:</b>	<b>Contractor Registration</b>
	<b>Phone:</b>	<b>Initial: \$50.00</b> _____
	<b>Fax:</b>	<b>Renewal: \$30.00</b> _____
	<b>Cellular:</b>	<b>Paid by Check:</b>
<b>Print Qualifier's Name:</b> →	<b>Qualifiers Signature</b>	<b>Date Paid:</b>
<b>LICENSING INFORMATION</b>	<b>LICENSE NUMBERS:</b>	<b>EXPIRATION DATES:</b>
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		
<b>INSURANCE COMPANY INFORMATION-LIABILITY</b>	<b>INSURANCE COMPANY INFORMATION-WORKERS' COMP</b>	
<b>Expiration Date:</b>	<b>Expiration Date:</b>	
<b>EMERGENCY CONTACT -Name, Address &amp; Phone</b>		
<b>Phone:</b> _____ <b>Email Address:</b> _____		
The following must be attached to this form for processing: with photo and signature 3) Insurance Certificates with the 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		
<div style="display: flex; justify-content: space-around;"> <span><u><b>DO NOT FAX</b></u></span> <span><u><b>PRESENT THIS FORM AT TIME OF PERMITTING</b></u></span> </div>		