## TOWN OF GOLDEN BEACH CONTRACTOR REGISTRATION FORM

COMPANY NAME & COMPLETE MAILING ADDRESS	Trade:	Contractor Registration
	Phone:	Initial: \$50.00
	T Hone.	
	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		
imanii Dade County - Certinicate of Competency		
Miami Dade County - Municipal Contractor		
Miami Dade County Occupational		
main Dade County Occupational		
Other		
INSURANCE COMPANY INFORMATION-LIABILITY	INSURANCE COMPANY INFORMA	ATION-WORKERS' COMP
INCONANCE COMMANT IN CRIMATION-EIRBEITT	INCONANCE COM ANT IN CHAIR	KITON-WORKERO COMI
Expiration Date:	Expiration Date:	
EMERGENCY CONTACT -Name, Address & Phone		
Phone	For all Address of	
Phone:	Email Address:	2) Ovelifier Identification
The following must be attached to this form for processing: with photo and signature 3) Insurance Certificates with the	Photo Copies of all licensing 2) Qualifier Identification  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	commodies at the time of	
-		
DO NOT FAX	PRESENT THIS FORM AT TIME (	OF PERMITTING