



## TOWN OF GOLDEN BEACH - CONTRACTOR INFORMATION FORM

COMPANY NAME:	
QUALIFIER NAME:	
LICENSED TRADE	

BUSINESS ADDRESS	PHONE/FACSIMILE	BUSINESS EMAIL AND QUALIFIER'S EMAIL ADDRESS
		Business:
		Qualifier:

INSURANCE INFORMATION	INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE
LIABILITY			
WORKER'S COMP			
WORKER'S COMP EXEMPTION			
OTHER			

EMERGENCY CONTRACT NAME & PH		<b><u>ATTACH COPIES OF ALL LICENSES, PHOTO ID OF QUALIFIER WITH SIGNATURE, ORIGINAL CERTIFICATES OF INSURANCE WITH THE TOWN OF GOLDEN BEACH AS CERTIFICATE HOLDER AND THE QUALIFIER'S LICENSE NUMBER IN THE DESCRIPTION OF THE CERTIFICATE OF INSURANCE.</u></b>
Name		
Phone:		

#	LICENSE INFORMATION	LICENSE #	EXPIRATION	EMAIL ADDRESS	FOR TOWN USE ONLY
1	STATE OF FLORIDA CERTIFIED				
2	STATE OF FLORIDA REGISTERED				
3	MIA-CERT OF COMPETENCY				
4	MIA-MUNICIPAL CONTRACTOR				
5	LOCAL BUSINESS TAX: MIAMI				
6	LOCAL BUSINESS TAX: BROWARD				
7	LOCAL BUSINESS TAX: PALM BEACH				
8	EXECUTED - MANDATORY REQUIREMENTS FOR CONSTRUCTION SITES	N/A	N/A	N/A	VERIFIED ATTACHMENT
9	QUALIFIER'S SIGNATURE:				
	FOR TOWN USE ONLY	INITIAL REG.	RENEWAL	DATE AND CHECK NUMBER	
	Info Maintenance Fee	\$50.00	\$30.00		