



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		QUALIFIER SIGNATURE
NAME		_____
PHONE		

#	LICENSE INFORMATION		LICENSE#	EXPIRATION	FOR TOWN USE ONLY
1	STATE OF FLORIDA CERTIFIED				
2	STATE OF FLORIDA REGISTERED				
3	MIA-CERT OF COMPETENCY (COPY OF FRONT & BACK)				
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	VERIFIED ATTACHMENT

ATTACH COPIES OF ALL LICENSES, PHOTO ID OF QUALIFIER WITH SIGNATURE, CERTIFICATE OF INSURANCE WITH THE TOWN OF GOLDEN BEACH, 1 GOLDEN BEACH DRIVE, GOLDEN BEACH, FL 33160 AS CERTIFICATE HOLDER AND THE QUALIFIER'S LICENSE NUMBER IN THE DESCRIPTION OF THE CERTIFICATE OF INSURANCE. PLEASE NOTE CERTIFICATE OF INSURANCES NEED TO BE SENT DIRECTLY FROM INSURANCE AGENT AND ALSO A COPY ATTACHED. SEND TO INSPECTIONS@GOLDENBEACH.US OR FAX TO 305-933-3825

FOR TOWN USE ONLY	INITIAL	RENEWAL	APPLICATION NUMBER
Info Maintenance Fee	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$30.00	