



# Miami Shores Village Building Department

10050 N.E.2nd Avenue  
Miami Shores, Florida 33138  
Tel: (305) 795.2204  
Fax: (305) 756.8972

## CONTRACTORS' REGISTRATION FORM

ALL CONTRACTORS MUST PROVIDE COPIES OF LICENCES AND INSURANCES EACH TIME A PERMIT IS SUBMITTED OR THE VILLAGE MAY MAINTAIN A FILE WITH YOUR INFORMATION FOR A \$30.00 FEE PER YEAR.

### IF CONTRACTOR IS A FLORIDA STATE CERTIFIED CONTRACTOR:

- A. \_\_\_\_\_ COPY OF QUALIFIER'S STATE LIC CARD
- B. \_\_\_\_\_ COPY OF LOCAL BUSINESS TAX RECEIPT
- C. \_\_\_\_\_ COPY OF LIABILITY INSURANCE (CERTIFICATE HOLDER TO BE MIAMI SHORES VILLAGE BLDG DEPT)
- D. \_\_\_\_\_ COPY OF WORKERS COMPENSATION (EITHER CERTIFICATE OR EXEMPTION)

### IF CONTRACTOR HAS A MIAMI DADE COUNTY CERTIFICATE OF COMPETENCY:

- A. \_\_\_\_\_ COPY OF CERTIFICATE OF COMPETENCY OF QUALIFIER
- B. \_\_\_\_\_ COPY OF MIAMI DADE COUNTY MUNICIPAL CONTRACTOR'S TAX RECEIPT
- C. \_\_\_\_\_ COPY OF LIABILITY INSURANCE (CERTIFICATE HOLDER MUST BE MIAMI SHORES VILLAGE BLDG DEPT)
- D. \_\_\_\_\_ COPY OF WORKER COMP INSURANCE (EITHER CERTIFICATE OR EXEMPTION)

### YOUR INSURANCE COMPANY MUST ISSUE A CERTIFICATE HOLDER AS FOLLOW:

MIAMI SHORES VILLAGE BLDG DEPT  
10050 NE 2ND AVE  
MIAMI SHORES, FL 33138

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COMPLETE CONTRACTOR'S INFORMATION

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ QUALIFIER'S NAME: \_\_\_\_\_

QUALIFIER'S LIC NUMBER: \_\_\_\_\_

E-MAIL ADDRESS (IF APPLICABLE): \_\_\_\_\_