



CONTRACTORS REGISTRATION

TOWN OF HIGHLAND BEACH BUILDING DEPARTMENT

3614 South Ocean Boulevard Highland Beach, Florida 33487
561-278-4540 • Fax No. 561-278-2606

___ New ___ Renew

NAME OF BUSINESS: _____

OFFICE ADDRESS: _____ CITY/STATE/ZIP CODE: _____

OFFICE TELEPHONE NO.: _____ CELL NO.: _____

FAX NO.: _____ EMAIL ADDRESS: _____

QUALIFER INFORMATION:

NAME OF BUSINESS: _____

OFFICE ADDRESS: _____ CITY/STATE/ZIP CODE: _____

OFFICE TELEPHONE NO.: _____ CELL NO.: _____

FAX NO.: _____ EMAIL ADDRESS: _____

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

- ___ State License (F.S. 489.115) or Palm Beach County Certificate of Competency and State Registration
- ___ County Business Tax Receipt
- ___ Liability and Worker's Compensation Certificates of Insurance made out to the Town of Highland Beach
- ___ Worker's Compensation Exemption, if applicable
- ___ Qualifiers must produce a legible Government Issued Identification with picture

I hereby acknowledge and certify that the information contained herein is true and accurate to the best of my knowledge.

Qualifier Signature

Date

Qualifier Print Name Legibly

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____.

Signature of Notary Public – State of Florida

Print, Type, or Stamp Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____