



# Town of Highland Beach

Building Department • 3616 South Ocean Blvd., Highland Beach, Florida 33487  
Website: [www.highlandbeach.us](http://www.highlandbeach.us) • Phone: 561-278-4540 • Fax: 561-278-2606

\_\_\_ New \_\_\_ Renew

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

OFFICE ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP CODE: \_\_\_\_\_

OFFICE TELEPHONE NO.: \_\_\_\_\_ CELL NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### QUALIFIER INFORMATION:

NAME OF QUALIFIER: \_\_\_\_\_

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: \_\_\_\_\_