

**CITY OF NORTH LAUDERDALE  
COMMUNITY DEVELOPMENT DEPARTMENT**

**APPLICATION FOR CONTRACTOR REGISTRATION  
\$10.00 Registration Fee (Valid from October 1 through September 30)**

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

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME OF OWNER/PRESIDENT OF CORPORATION: \_\_\_\_\_

ADDRESS: (not business address): \_\_\_\_\_ PHONE: (not business address): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN CHARGED WITH COMMITTING A FELONY OR MISDEMEANOR?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HOW MANY EMPLOYEES DOES YOUR FIRM EMPLOY? (Do not include yourself, Officers of the Company or Partners) \_\_\_\_\_

HOW MANY COMMERCIAL VEHICLES ARE AVAILABLE FOR USE IN THE CITY OF NORTH LAUDERDALE? \_\_\_\_\_

IS YOUR NAME/BUSINESS NAME CLEARLY MARKED ON EACH VEHICLE?  YES  NO

DO YOU QUALIFY FOR ANY OTHER COMPANIES OR BUSINESSES?  YES  NO

IF YES, PLEASE LIST THE OTHER COMPANIES OR BUSINESSES: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_

Personally known or  produced identification:

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I, THE UNDERSIGNED, HEREBY ATTEST THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT SHOULD IT BE LEARNED THAT THE INFORMATION CONTAINED HEREIN IS NOT ACCURATE; THE REGISTRATION MAY BE DEEMED NULL AND VOID.

Not a r y P u b l i c S i g n a t u r e . . . . .

QUALIFIER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COPIES OF LICENSES REQUIRED:	PROVIDED	NEED TO PROVIDE
STATE CERTIFICATION	_____	_____
STATE REGISTRATION and	_____	_____
COUNTY CERTIFICATE OF COMPETENCY	_____	_____
COUNTY OCCUPATIONAL LICENSE	_____	_____
CERTIFICATE OF PUBLIC LIABILITY & PROPERTY INSURANCE	_____	_____
CERTIFICATE OF WORKER'S COMPENSATION INSURANCE	_____	_____