



**CITY OF NORTH LAUDERDALE
COMMUNITY DEVELOPMENT DEPARTMENT**

APPLICATION FOR CONTRACTOR REGISTRATION

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: _____

E-MAIL ADDRESS: _____

Acknowledged before me this _____ day of _____, 20____ By _____ Personally known or produced identification: _____	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.
Notary Public Signature _____ Stamp/Seal _____	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	_____	_____