



# City of Dania Beach CONTRACTOR REGISTRATION

100 West Dania Beach Boulevard • Dania Beach, Florida 33004  
(954) 924-6805, Ext. 3651 or 3652 • Fax: (954) 922-2687

**\$35.00 Annual Contractor Record Maintenance Fee Required**

**PLEASE PRINT LEGIBLY**

Type of Contractor \_\_\_\_\_

Company: Name \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_

Owner: Name \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Qualifier: Name \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

**PROVIDE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS**

Qualifier's Drivers License State: \_\_\_\_\_ # \_\_\_\_\_

City Occupational License City: \_\_\_\_\_ # \_\_\_\_\_

County Occupational License County: \_\_\_\_\_ # \_\_\_\_\_

State License State: \_\_\_\_\_ # \_\_\_\_\_

Broward Certificate of Competency # \_\_\_\_\_

**Certificates of Insurance must show the City of Dania Beach as the Certificate Holder**

General Liability Expiration Date: \_\_\_\_\_

Workers Compensation Expiration Date: \_\_\_\_\_

Workers Comp Exemption Date of Exemption: \_\_\_\_\_

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

\_\_\_\_\_  
Qualifier's Signature Date

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
by \_\_\_\_\_ who is personally known to me or has produced  
\_\_\_\_\_ as identification and did (or did not) take an oath.

\_\_\_\_\_ My Commission Expires: