



**THE CITY OF SUNNY ISLES BEACH**  
**BUILDING SERVICES DIVISION**  
18070 Collins Avenue, 3<sup>rd</sup> Floor, 305.792.1705, Fax: 305.792.1565  
**Contractor Registration Requirements**

The following documents need to be submitted along with the contractor registration form:

**Miami-Dade County Contractors:**

- a. Certificate of Competency (Front and Back)
- b. State of Florida Registration
- c. Liability and Worker's Compensation Certificate of Insurance, addressed to the City of Sunny Isles Beach
- e. A copy of the Qualifiers Driver's License
- g. Notarized letter of Authorization for picking up permits on behalf of the qualifier (If requesting specific individuals to pick up/drop off permits.)

**State Contractors:**

- a. State License
- b. Miami-Dade County Registration
- c. Liability and Worker's Compensation Certificate of Insurance addressed to the City Sunny Isles Beach
- e. A copy of the Qualifier's Driver License
- f. Notarized letter of Authorization for picking up permits on behalf of the qualifier (If requesting specific individuals to pick up/drop off permits.)

1. All permit applications require the qualifier's notarized signature.
2. We will no longer accept faxed licenses; originals must be submitted in person.

\_\_\_\_\_  
Name of Contracting Firm (Print)

Sworn to and subscribed before  
me this day of \_\_\_\_\_ 20 \_\_\_\_\_

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

\_\_\_\_\_  
Print or type name of notary

\_\_\_\_\_  
Qualifier's Name (Print)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Business Address (Print)

My Commission expires:

\_\_\_\_\_  
Business Phone Number

Personally known to me, or

\_\_\_\_\_  
Cell Phone Number

Produced identification, type:



**CITY OF SUNNY ISLES BEACH  
BUILDING SERVICES DIVISION  
CONTRACTOR REGISTRATION FORM**  
(305) 792-1705 PHONE • (305) 947-5107 FAX

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

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Telephone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Company Fax: (        ) \_\_\_\_\_ - \_\_\_\_\_

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

Qualifier Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Qualifier Telephone: (        ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

State License: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Municipal License: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Liability Insurance Company: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Number: \_\_\_\_\_

Workers Comp. Insurance Company: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Number: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Data Base Entry Date: \_\_\_\_\_

Insurance Verified: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Clerk Initial: \_\_\_\_\_ Comments: \_\_\_\_\_

**RENEWAL MUST BE DONE BY OCTOBER 31 OF EACH YEAR**