



**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: \_\_\_\_\_

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 \_\_\_\_\_