



City of Sweetwater Public Works Department

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COMMUNICATIONS SERVICE PROVIDER REGISTRATION INFORMATION AND APPLICATION FORM

A Communications Services Provider (CSP) that desires to engage in the construction, maintenance of, or occupation of the public right-of-way to place or maintain a system designed to deliver Communications Services is required to obtain a Registration from the Public Works Department. **No public right-of-way construction permits shall be issued to a CSP not registered with the City.** A registration does not convey any title, equitable or legal, to the Registrant in the public right-of-way.

To obtain a CSP Registration a person shall apply to the Public Works Department and meet the following requirements:

Insurance Requirements:

The Registrant shall provide, pay for and maintain, throughout the term of its Registration the types of insurance described herein. The limits of coverage of insurance required shall be not less than the following:

1) Commercial general liability insurance valid in the State of Florida, including contractual liability and products-completed operations liability coverage on an occurrence basis, which policy limit shall be in an amount not less than One Million and No/00 Dollars (\$1,000,000.00) per occurrence, combined single limit, for bodily injury, personal injury or death, or property damage and in an amount not less than Two Million and No/00 Dollars (\$2,000,000.00) policy aggregate for each personal injury liability, broad form property damage (without exclusions related to explosion, collapse and underground (“XCU”) exclusions), contractual liability and products-completed operations liability.

2) Business automobile liability insurance valid in the State of Florida which policy limit shall be in an amount not less than One Million and No/00 Dollars (\$1,000,000.00) combined single limit, including bodily injury and property damage covering owned, leased, hired, and non-owner vehicles.

3) Workers’ Compensation valid in the State of Florida which policy limit shall be in an amount not less than the statutory limit for Workers’ Compensation.

4) Employer’s liability insurance valid in the State of Florida which policy limit shall be in an amount not less than One Million and No/00 Dollars (\$1,000,000.00) each accident for employer’s liability. All liability policies shall name the City of Sweetwater, as additional insurer.

All insurance providers used shall be admitted and duly authorized to do business in the State of Florida and shall have assigned by A. M. Best Company a minimum Financial Strength Rating of “A” and a minimum Financial Size Category of “IX”. All Certificate(s) of Insurance, including all endorsements and riders, evidencing insurance coverage shall be submitted to the City within thirty (30) days after the date of Registration with the City in order for a Communications Services Provider to obtain a permit required for Construction in the Public Rights-of-Way.

Other Requirements:

The Registrant must comply at all times with all policies, procedures and directives of the Consumer Services Department, Public Works Department, the Planning and Zoning Department and the Building Department.

FOR CITY USE ONLY:

Approved by: _____

Signature: _____

Date: _____

Expiration Date: _____

Check one: **INITIAL** _____ **RENEWAL** _____

Pursuant to Section 58.92 of the City Code, every Communications Services Provider must register with the City as follows:

Company Name: _____

(Name under which company will transact business in the City and the State of Florida)

Business Address¹: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #¹:** _____

¹Street address for principal place of business in Florida. If not in Florida, use address and phone # for the Company's National Headquarters and indicate the Company's Registered Agent in Florida:

Registered Agent Name, Address: _____

Phone #: _____ Fax #: _____ email Address: _____

Branch Office Address: _____ **Zip:** _____

(Street address for office located in the City of Sweetwater, if any)

Primary Contact Name, Address: _____

Phone #: _____ **Fax #:** _____ **email Address:** _____

Emergency Contact Name, Address: _____

Phone #: _____ **Fax #:** _____ **email Address:** _____

(If other than primary contact)

Type of Communications Services that the Company intends to provide in Sweetwater (if more than one, state all that apply or, if none, state that the applicant is a Non-Dealer or is intending only to place and maintain Pass Through Facilities):

FCC Certificate of Authorization or License Number for provision of Communications Services #:

On behalf of the Company, the undersigned represents and acknowledges that (a) the information provided is true and correct, including all attachments, (b) he or she is authorized to apply for Registration on behalf of the Company and (c) the appropriate employee(s) for the Company has received and reviewed a copy of the City of Sweetwater Telecommunications Right-of-Way Ordinance.

Signature _____ **Date** _____

Print Name _____

Print Title _____

Required Attachments:

- Resale certificate issued by Florida Department of Revenue (FDOR)
- A copy of Federal and/or State certification authorizing the applicant to provide telecommunications services.
- Certificate of Insurance evidencing Company's insurance coverage.
- A copy of any administrative or legal decision in which the registrant was determined to have violated a law or regulation governing the use of the public right-of-way.
- Corporate Authority Affidavit.
- A description of what the communications services will be used for to include information detailing if the applicant is a dealer of communications services to end users in Florida.



Check one: INITIAL _____ RENEWAL _____

Corporate Authority Affidavit

I, _____, hereby grant authorization to the following persons or entities to act on my behalf with the City of Sweetwater (hereinafter, "the City") while conducting activities related to obtaining permits or inspections on my behalf:

Contractor Name: _____ Contractor Name: _____
License No.: _____ License No.: _____
Type of Work: _____ Type of Work: _____

Total number of additional pages: _____

Note: For additional contractors, please attach separate sheet of paper including the number on each sheet. Include the total number of pages in the above space provided.

The above named Authorized Agent(s) is to be considered an agent of my business and therefore the signature of the Agent is binding and causes me to assume all responsibilities connected to or associated with the signature as they may relate to my business.

I, _____, warrant and agree to hold the City of Sweetwater, its successors and assigns, officers, public officials, employees, attorneys, agents and representatives, harmless from any liability, damage or claim of any nature, cost of expenses (including attorney's fees through the appellate level) and any losses arising from or related to the

City's acceptance of the Authorized Agent's signature for permit-related activities. I further understand that it is my sole responsibility to grant and terminate any such authorization and to ensure that the City receives timely notice of any such termination.

Corporate Authorized Agent's signature

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ of _____ a _____ corporation, on behalf of the corporation.

He/she is personally known to me or produced _____ as identification.

Notary Public Signature