

# CITY OF SWEETWATER



## **CONTRACTOR'S REGISTRATION INFORMATION**

For new registration please provide us with copies of the following documents:

### **STATE AND/OR DADE REGISTERED QUALIFIERS**

Dade County registration and/or-Certificate of Competency  
Qualifier's Driver License  
Business Occupational license  
Municipal Contractor's Occupational license  
Liability Certificate of Insurance  
Workers Compensation Certificate of Insurance

### **STATE CERTIFIED QUALIFIERS**

- State License (DBPR)  
- Qualifier's Driver License  
- Business Occupational License  
- Liability Certificate of Insurance  
- Workers Compensation Certificate of Insurance

### **PLEASE NOTE**

- Company address and phone numbers are needed to accurately maintain our records.
- Certificate of Insurance must name the City of Sweetwater as a certificate holder.
- To obtain a permit, all documents must be up to date.
- For permit and /or contractor's information, please call (305) 485-4526 before 3:00pm.
- **Registration must be renewed every year on October 1<sup>st</sup>.**

**City of Sweetwater  
Building Department Permits Division  
1701 N.W. 112 Ave # 102  
Sweetwater, FL 33172  
(305) 485-4526 Info.**

**CITY OF SWEETWATER**

**FORM MUST BE EMAILED TO: [RSUBMITTALS@CITYOFSWEETWATER.FL.GOV](mailto:RSUBMITTALS@CITYOFSWEETWATER.FL.GOV)**



C.R. #: \_\_\_\_\_  
Clerk: \_\_\_\_\_

**CONTRACTOR'S REGISTRATION FORM**

**If you are a State of Florida Contractor complete this section:**

I hereby acknowledge that I, \_\_\_\_\_ (Name of Qualifier), am the Qualifier for \_\_\_\_\_ (Name of Company), \_\_\_\_\_ (Address), \_\_\_\_\_ (Phone), \_\_\_\_\_ (Email).

Attached please find copies of my State license, QB license (if applicable), Liability Insurance (City of Sweetwater as certificate holder), Workman's Compensation or Exemption (City of Sweetwater as certificate holder), Business Occupational license and Driver's License.

**If you are a Miami-Dade County Contractor complete this section:**

I hereby acknowledge that I, \_\_\_\_\_ (Name of Qualifier), am the Qualifier for \_\_\_\_\_ (Name of Company), \_\_\_\_\_ (Address), \_\_\_\_\_ (Phone), \_\_\_\_\_ (Email).

Attached please find copies of my County Certificate of Competency, State Registration, liability Insurance (City of Sweetwater as certificate holder), Workman's Compensation or exemption (City of Sweetwater as certificate holder), County Business Occupational License, City of Sweetwater Business Tax Receipt, and Driver's License.

**I authorize the following individual(s) to pickup plans and permit documents on my behalf:**

Name of Individual	Driver's License Number
1. _____	_____
2. _____	_____
3. _____	_____

**I DO NOT Authorize anyone.**

**X** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

By (Print Name) \_\_\_\_\_

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

Personally known or I.D. \_\_\_\_\_