

Town of Medley
Building & Zoning Department



7777 NW 72 Ave
Medley, Florida, 33166
305-887-9541

Contractor Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Other: _____

Company E-mail: _____

Qualifier Name: _____ Phone: _____

Qualifier Contractor's License #: _____

Type of Contractor : _____

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION:

Please note: Copies of all the following documentations must be submitted as a pdf along with this form: **Please submit via pdf format to: building@townofmedley.com**

1. Certificates of Worker's Compensation & Liability Insurance

Certificate Holder
Town of Medley
7777 NW 72 Ave
Medley FL 33166.

2. Copy of Local Business Tax Receipt

3. Copy of State License

4. Copy of Miami Dade Municipal Contractor's License (If Not State Certified)

5. Copy of State Registration (If Not State Certified)

6. Photo Identification of Qualifier (Driver's License)

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

Qualifier Signature

Date

The foregoing instrument was acknowledged before me this ____ day of _____ 20__

By _____ who is personally known to me or has produced _____

Notary Public Signature

Commission Expires: _____