**City of Greenacres**

**Building Department**
5800 Melaleuca Lane ▪ Greenacres ▪ Florida ▪ 33463-3515
Ph: 561-642-2053 ▪ Fax: 561-642-2049 ▪ www.ci.greenacres.fl.us

APPLICATION DATE _____

# Contractor Enrollment Application

**PROVIDE COPIES OF THE FOLLOWING DOCUMENTS ALONG WITH APPLICATION (If applicable):**

**A copy of the Qualifiers or Licensee's Drivers License or Photo Identification.**
***(Una copia de la licensia de condusir o identificacion con photo)***
**Palm Beach County/County-wide Business Tax Receipt for the current fiscal year.**
***(Licensia del Condado de Palm Beach para el año corriente) .***
**Palm Beach County Certificate of Competency and/or State of Florida Department of Business and Professional Regulation License.**
***(Certificado de Competencia y / o Licencia del Departamento de Regulacion a Profesionales y Negosios de la Florida).***
**Certificate of Liability and Workers Comp Insurance, naming the City of Greenacres as Certificate Holder.**
***(Certificado de seguro nombrando La Ciudad de Greenacres como posesor para el aseguramiento de riesgo y compensacion del trabajo).***

## COMPANY
***(Negocio)***

**Company Name** _____
*(Nombre del negocio)*

**Business Phone**_____ **Fax Number**_____
*(Telefono del negocio)* *(Numero de Fax)*

**Address** _____
*(Direccion)* (Street) (City) (State) (Zip)

**Mailing Address** _____
*(Direccion para correspondencia)* (Street) (City) (State) (Zip)

**Web-Site**_____ **E-Mail Address** _____

**Nature of Business**_____
*(Naturaleza del negocio)*

## QUALIFIER INFORMATION
***(Informaccion del Qualificador)***

**Name** _____**Home Phone**_____
*(Nombre )* *(Telefono)*

**Home Address** _____
*(Direccion (casa)* (Street) (City) (State) (Zip)

**FL Driver's License #** _____ **# of Employees** _____
*(# de licensia de conducir)* *(# de empleados)*

**FOR OFFICE USE**

BUSINESS ID# _____

Effective Date:_____

Continue on reverse side.

## Terms and Conditions

1. I agree that it is the qualifiers responsibility to update liability and workers compensation insurance and file the insurance certificate or workers compensation exemption with the office at least five (5) business days prior to insurance expiration.

2. I am aware that the licensing information must be updated upon issuance of a new license; whether it is during a renewal period, company name change, or qualifying of a new company.

3. I hereby apply to pull permits in the City of Greenacres and am solely responsible for any permitted work commenced under my license number.

4. I am responsible for closing out any permitted work issued under my license.

## Affirmation By Written Declaration

I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the forgoing and the facts stated in it are true. I understand that falsification of any material information on this enrollment form may result in administrative action such as denial of my permit pulling privileges.

_____

Signature Date

_____

Printed Name