



(OFFICE USE ONLY) Registration No. _____

City of Aventura
19200 W Country Club Drive, 4th Floor
Aventura, Florida 33180
Telephone: 305-466-8937
Fax: 305-466-8949

Contractor Registration

In order for Contractors to obtain permits from the City of Aventura, they must register with us by submitting the following requirements in a valid and current state:

Miami-Dade County Contractors:

- a. Miami-Dade Certificate of Competency
- b. State of Florida Registration
- c. County Occupational License from area of primary business
- d. Liability and Worker's Compensation Certificate of Insurance, addressed to the City of Aventura
- e. Qualifier's Driver's License
- f. Check for \$35.00 made payable to the City of Aventura
- g. Notarized Letter of Authorization for picking up permits on behalf of the qualifier

State of Florida Certified Contractors:

- a. State License
- b. County Occupational License from area of primary business
- c. Liability and Worker's Compensation Certificate of Insurance addressed to the City of Aventura.
- d. Qualifier's Driver's License
- e. Notarized Letter of Authorization for picking up permits on behalf of the qualifier

PLEASE READ COMPLETELY PRIOR TO SUBMITTAL:

1. All permit applications require the qualifier's notarized signature.
2. Fax copies of requirements are **NOT** acceptable. **Legible copies must be submitted in person by the qualifier.**
3. An original authorization for permit pick-up form or letter of authorization signed by the qualifier and notarized is required for person(s), other than the qualifier, to pick up permits. A picture ID with a signature of designated person(s) must also be submitted.
4. **Qualifier must appear in person to register for the first time.** If qualifier is unable to appear in person, must provide a signed and notarized letter of authorization for the designee to **REGISTER** the qualifier on his/her behalf.
5. **Registrations must be renewed annually on or before September 30th for the following fiscal year.**

NAME OF CONTRACTING FIRM (Please Print)

State of _____, County of _____
Sworn to and subscribed before me this

QUALIFIER'S SIGNATURE

____ day of _____ 20____

QUALIFIER'S NAME (Please Print)

Print, type or stamp name of notary

Business Address (Print): _____

Notary Signature

Business Phone: () _____

My Commission expires

Business Fax: () _____

Personally known to me, or

Alternate Phone: () _____

Produced identification, type: _____

Home Address (Print): _____
