



(OFFICE USE ONLY) Registration No. \_\_\_\_\_

**City of Aventura  
Community Development Department  
19200 West Country Club Drive, 4<sup>th</sup> Floor  
Aventura, Florida 33180  
(305) 466-8937**

**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. Liability and Worker's Compensation Certificate of Insurance, addressed to the City of Aventura
- c. Qualifier's Valid Photo ID
- d. Check for \$35 made payable to the City of Aventura

**State of Florida Certified Contractors:**

- a. State License
- b. Liability and Worker's Compensation Certificate of Insurance addressed to the City of Aventura
- c. Qualifier's Valid Photo ID

**PLEASE READ COMPLETELY PRIOR TO SUBMITTAL:**

1. All permit applications require the qualifier's notarized signature.
2. All registrations must be original documents and submitted in-person.
3. Authorization for permit pickup must be completed on original permit application that is submitted to City.
4. **Qualifier must appear in person to register for the first time.** If the qualifier is unable to appear in person, list below an authorized agent or designee to **REGISTER** the qualifier on his/her behalf.
5. **Registrations must be renewed annually on or before September 30<sup>th</sup> for the following fiscal year.**

**If applicable, AGENT AUTHORIZATION:**

I, \_\_\_\_\_, the qualifying agent for \_\_\_\_\_, with State/County  
Qualifier Name Business Name  
 License No. \_\_\_\_\_, hereby authorize and designate \_\_\_\_\_ to  
License No. Agent Name  
 register me on my behalf.

\_\_\_\_\_  
 Qualifier's Signature

\_\_\_\_\_  
 Qualifier's Name

\_\_\_\_\_  
 Business Name

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone No. Fax No.

\_\_\_\_\_  
 E-mail Address

State of \_\_\_\_\_  
 County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of  physical presence or  online notification, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is:  Personally Known to me, or  Produced Identification: \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public

Notary Stamp: