



City of South Bay
335 SW 2nd Ave
South Bay, FL 33493
(561)996-6751
(561)996-7950 Fax
www.southbaycity.com

CONTRACTORS APPLICATION FOR REGISTRATION

Owner's Name:	
Nature of Business:	
Business Name:	
Mailing Address:	
City, State, Zip:	
Business Address:	
City, State, Zip:	
Business Phone:	Business Fax:
FEIN/SSN #:	County Lic.#
Date:	State Lic.#

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THE APPLICATION

-County Business Tax Receipt

-Certificate of Competency or State License: (Department of Professional Regulations) please see list of contractors below

General	Plumbing	Underground Utility
Building	Mechanical	Roofing
Electrical	Sheet Metal	Swimming Pool
Residential	Solar	Specialty

-Certificate of Insurance: Liability and Worker's Compensation issued to the City Of South Bay

-Articles of Corporation, Incorporation or Fictitious Name: First Page of Articles Of Incorporation, Corporate Seal or copy of Fictitious Name

****Qualifier Information- Signature must be notarized if documents presented by someone other than qualifier****

I do solemnly swear that the above statement is true and accurate to the best of my knowledge.
SWORN TO ME THIS _____ DAY OF _____, 20 ____ .
NOTARY PUBLIC _____

Signature of Applicant: _____

Date: _____

Office Approval

Review and approved by: _____

Date Issued: _____