

***Contractors Must Submit the Following Items
With the Registration Application***

Email to: BuildingDocs@WellingtonFL.gov

- Palm Beach County/County-wide Business Tax Receipt for the current fiscal year.
- A copy of the Qualifiers Driver's License or photo identification.
- Palm Beach County Certificate of Competency and/or State of Florida Department of Business and Professional Regulation License.
- Certificate of Liability Insurance, naming Wellington as Certificate Holder.
- Certificate of Workers Compensation Insurance or Exemption Certificate.
- Certified State License holders based in another County must provide a copy of their Business Tax Receipt for the County in which they are based.

Contractor Registration Application

Receipt # _____ Process By: _____ Issued By: _____ Date Issued: _____

COMPANY INFORMATION

Company Name _____

Address _____

Street City State Zip

Mailing Address _____

(if different) Street City State Zip

Business Phone _____ Cell Phone _____ FAX _____

Email Address _____

QUALIFYING AGENT

Qualifiers Name _____ Phone _____

Home Address _____

Street City State Zip

Driver's License # _____ Contractor's License # _____

Nature of Business _____

BUSINESS OWNER – If Different From Qualifier

Owner's Name _____

Home Address _____

Street City State Zip

Pursuant to FS 205.0535(5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must provide the Social Security number for the person being taxed pursuant to section FS 119.071(5)

FEIN _____ or Social Security Number _____

I hereby declare this application has been examined by me as of this date and to the best of my knowledge and belief is true and accurate.

Qualifier Signature _____ Date _____

NOTARY CERTIFICATE

**STATE OF FLORIDA
PALM BEACH COUNTY**

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

by _____ Whom is personally known to me or has produced _____
(Type of ID)

as identification.

Notary Signature _____

Notary Public, State of _____