



(OFFICE USE ONLY) Registration No. _____
CITY OF AVENTURA
COMMUNITY DEVELOPMENT DEPARTMENT
CONTRACTOR LICENSING / REGISTRATION REQUIREMENTS

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

Dade County Contractors:

- a. Certificate of Competency
- b. State of Florida Registration
- c. County and Municipal Occupational Licenses from area of primary business
- d. Liability and Worker's Compensation Certificate of Insurance, addressed to the City of Aventura
- e. Driver's License
- f. Check for \$35.00 made payable to the City of Aventura (if applicable)
- g. Notarized Letter of Authorization for picking up permits on behalf of the qualifier (if applicable - see item #3 below and attached).

State Contractors:

- a. State License
- b. Dade County Registration
- c. Occupational License from County of Origin
- d. Liability and Worker's Compensation Certificate of Insurance addressed to the City of Aventura.
- e. Driver's License
- f. Notarized Letter of Authorization for picking up permits on behalf of the qualifier (if applicable - see item #3 below and attached).

CERTIFICATE HOLDER FOR ALL INSURANCE CERTIFICATES MUST BE MADE OUT TO THE FOLLOWING:

City of Aventura
2999 NE 191 Street
Suite 500
Aventura, Florida 33180

1. All permit applications require the qualifier's notarized signature.
2. We do not accept fax licenses, originals must be submitted in person by the qualifier.
3. An original notarized letter of authorization signed by the qualifier is required for person(s), other than the qualifier, to pick up permits. A copy of a picture I.D. with a signature of designated person(s) must also be submitted. INITIAL _____.
4. Qualifier must appear in person, to register for the first time. If the qualifier resides outside the State of Florida (s)he is not required to appear in person, but a copy of an out of state drivers license must be included as proof.

NAME OF CONTRACTING FIRM (Print) _____ Sworn to and subscribed before me this _____

QUALIFIER'S SIGNATURE _____ day of _____, 19 _____

QUALIFIER'S NAME (Print) _____ Print, type or stamp name of notary _____

QUALIFIER'S SOCIAL SECURITY _____ Notary Signature _____

My Commission expires: _____

Business Address (Print) : _____

Business phone: () _____

- Personally known to me, or
 Produced identification, type: _____

Home Address (Print) : _____

Home Phone: () _____



CITY OF AVENTURA
COMMUNITY DEVELOPMENT DEPARTMENT
2999 NE 191 STREET, SUITE 500
AVENTURA, FLORIDA 33810
TELEPHONE: 305-466-8937
CONTRACTOR LICENSING / REGISTRATION REQUIREMENTS
RENEWAL

(OFFICE USE ONLY) Registration No.: _____

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

Miami-Dade County Contractors:

- a. Certificate of Competency (with signature and picture attached)
- b. State of Florida Registration (wallet size with the signature on the back)
- c. County and Municipal Occupational Licenses from area of primary business
- d. Liability and Worker's Compensation Certificate of Insurance, addressed to the City of Aventura
- e. 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 (if applicable – see item #3 below and attached).

State Contractors:

- a. State License (wallet size with the signature on the back)
 - b. Occupational License from area of primary business
 - c. Liability and Worker's Compensation Certificate of Insurance addressed to the City of Aventura.
 - d. Driver's License
 - e. Notarized Letter of Authorization for picking up permits on behalf of the qualifier (if applicable – see item #3 below and attached).
1. All permit applications require the qualifier's notarized signature.
 2. Fax copies of requirements are not acceptable. Originals must be submitted in person.
 3. **INITIAL** _____. An original notarized letter of authorization signed by the qualifier is required for person(s), other than the qualifier, to pick up permits. A copy of a picture I.D. with a signature of all designated persons must also be submitted.
 4. Registrations must be renewed annually on or before September 30th for the following fiscal year.

NAME OF CONTRACTING FIRM (Print) _____

ADDRESS CHANGE

QUALIFIER'S SIGNATURE _____

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

QUALIFIER'S NAME (Print) _____

day of _____, 20____

QUALIFIER'S SOCIAL SECURITY NUMBER _____

Print, type or stamp name of notary _____

Business Address (Print) : _____

Notary Signature _____

Business Phone: () _____

My Commission expires: _____

Home Address (Print): _____

Personally known to me, or

Produced identification, type: _____

Home Phone: () _____



City of Aventura

Building Division

2999 NE 191 Street, Suite 500

Aventura, Florida 33180

Telephone: (305) 466-8937

AUTHORIZATION FOR PERMIT PICK-UP

Date: _____

I, _____, as qualifier for _____,
located at _____,

hereby designate the following person(s) to pick up permits on my behalf :

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

Print Name of Qualifier

Signature of Qualifier

STATE OF _____

COUNTY OF _____

The foregoing instrument was Sworn to and Subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Print Name of Notary Public

Signature of Notary Public

My Commission Expires _____

Note: A valid picture ID with a signature will be required from each designated person.