



CITY OF COOPER CITY
COMMUNITY DEVELOPMENT DEPARTMENT/BUILDING DIVISION
CONTRACTOR REGISTRATION FORM

9090 SW 50 PLACE
COOPER CITY, FL 33328
(954)434-4300

CONTRACTOR REGISTRATION FORM

PLEASE PRINT BUSINESS NAME: _____
(As it appears on Qualifier's License)

BUSINESS ADDRESS: _____
CITY, STATE, ZIP

BUSINESS PHONE #: _____ FAX #: _____

BUSINESS EMAIL ADDRESS: _____

QUALIFIERS NAME: _____

QUALIFIERS ADDRESS: _____
CITY, STATE, ZIP

CELL PHONE #: _____

PLEASE PROVIDE LIGIBLE COPIES OF THE FOLLOWING:

- FLORIDA STATE LICENSE
- COUNTY COMPETENCY CARD **(IF APPLICABLE)**
- LOCAL BUSINESS TAX RECEIPT
- WORKMANS COMPENSATION INSURANCE
- LIABILITY INSURANCE
 - CERIFICATE MUST SHOW *CITY OF COOPER CITY* AS CERIFICATE HOLDER
WITH MAILING ADDRESS TO READ *9090 SW 50 PLACE COOPER CITY, FL 33328*

*THIS FORM AND ALL BACKUP DOCUMENTATION IS DUE AT THE TIME OF PERMIT
SUBMITTAL. PERMIT APPLICANTS MUST ALWAYS BE PREPARED TO PRODUCE THESE
DOCUMENTS UPON REQUEST.*

**DO NOT SEND DOCUMENTS WITHOUT YOUR BUSINESS NAME AND YOUR SPECIFIC
COOPER CITY PROJECT CLEARLY NOTED IN THE SUBJECT OF THE CORRESPONDENCE.
STRAY DOCUMENTS MAY NOT BE ADDED TO YOUR FILE.**