



**City of Greenacres
CONTRACTOR ENROLLMENT
APPLICATION**

**Provide copies of the following documents along with application if applicable
to grouplbg@greenacresfl.gov:**

- A copy of the Qualifiers Driver's License or Photo Identification.
- County or County-wide Business Tax Receipt for the current fiscal year.
- Palm Beach County Certificate of Competency and or State of Florida Department of Business and Professional Regulation License.
- Certificate of Liability and Workers Comp Insurance, naming the City of Greenacres as Certificate Holder.

**City of Greenacres
5800 Melaleuca Ln
Greenacres, FL 33463**

Company Name _____			
Address _____	City _____	ST _____	Zip _____
Mailing _____	City _____	ST _____	Zip _____
Business Phone _____	Alternate Phone _____		
Web-Site _____	E-Mail Address _____		
Nature of Business _____			

Qualifier Information

Name _____	Home Phone _____
Home Address _____	City _____ ST _____ Zip _____
Driver's License Number _____	Number of Employees _____

Terms and Conditions

- * It is the qualifiers responsibility to update liability and workers compensation insurance and file the insurance certificate or workers compensation exemption with the office at least five (5) business days prior to insurance expiration.
- * I am aware that the licensing information must be updated upon issuance of a new license; whether it is during a renewal period, company name changes, or qualifying of a new company.
- * I hereby apply to pull permits in the City of Greenacres and am solely responsible for any permitted work commenced under my license number and am responsible for closing out any permitted work issued under my license.
- * Under penalties of perjury, I declare that I have read the forgoing and the facts stated in it are true. I understand that falsification of any material information on this enrollment form may result in administrative action such as denial of my permit pulling privileges.

Qualifier's Signature _____ Title _____
Print Applicant's Name _____ Date _____

FOR OFFICE USE ONLY	
Business ID _____	Date _____