Miami Shores Village
Building Department
10050 N.E.2nd Avenue
Miami Shores, Florida 33138
Tel: (305) 795.2204
Fax: (305) 756.8972
www.msvfl.gov

CONTRACTOR REGISTRATION

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Qualifier Name: _____
License Number: _____
License Type: _____

Annual Contractor Registration:

Contractors may voluntarily register their license and insurance information annually with the Miami Shores Village Building Department.

- Initial Registration Fee: $50.00
- Annual Renewal Fee: $30.00

Contractors who do not maintain an active registration file with the Village must submit all required licensing and insurance documentation at the time of each permit application.

Required Documentation for Florida State Certified Contractors:

- ☐ Copy of current State of Florida Contractor License
- ☐ Copy of current Local Business Tax Receipt
- ☐ Certificate of General Liability Insurance
- ☐ Certificate of Workers' Compensation Insurance or valid exemption documentation.

Required Documentation for Miami Dade County Licensed Contractors:

- ☐ Copy of current Certificate of Competency
- ☐ Copy of current Local Business Tax Receipt
- ☐ Copy of current State Registration or Miami-Dade Municipal Contractor License
- ☐ Certificate of General Liability Insurance
- ☐ Certificate of Workers' Compensation Insurance or valid exemption documentation

Workers' Compensation Requirements

In accordance with Florida Statutes Chapter 440 and the Florida Building Code, contractors must provide proof of Workers' Compensation coverage or approved exemption status prior to permit issuance.

Contractors claiming exemption from Workers' Compensation requirements must provide:

- Valid State of Florida Workers' Compensation Exemption
- Signed Contractor Affidavit
- Completed Notice to Owner form

Contractors operating under exemption status shall not employ laborers, employees, or subcontractors unless proper Workers' Compensation coverage is maintained.

Insurance Certificate Requirements

Insurance certificates must be directly issued and adjusted by the insurance carrier.

☐ Certificate must include the following in the description of operations section:

- Contractor's License Number

  or

- Type of Contractor

☐ Certificate holder information:

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Registration Election

☐ Yes, I would like to register annually with Miami Shores Village.

☐ No, I will submit contractor documentation with each permit application.

Applicant Certification:

I certify that all information submitted with this application is true and correct. I understand that submission of false, incomplete, or expired documentation may result in denial, suspension, or revocation of contractor registration privileges within Miami Shores Village.

Applicant Signature: _____

Print Name: _____

Date: _____

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Notice To Owner

Workers' Compensation Exemption:

Florida law requires employers in the construction industry to maintain Workers' Compensation insurance coverage pursuant to Chapter 440, Florida Statutes. Certain corporate officers or members of a limited liability company may qualify for exemption under Florida law. Contractors operating under an approved exemption are prohibited from using employees, day laborers, or subcontractors on projects unless proper Workers' Compensation coverage is maintained.

Your contractor, _____ , has represented that he or she is exempt from Workers' Compensation requirements and will be the only individual performing work on the project located at _____.

By signing below, you acknowledge that you have read and understand this notice.
Owner Signature: _____
Property Address: _____
Date: _____

Notary Acknowledgment

State of Florida

County of Miami-Dade

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____ , _____ by _____ who:

☐ is personally known to me

OR

☐ produced _____ as identification.

Notary Public Signature: _____

Print Name: _____

My Commission Expires: _____

(SEAL)

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Contractor Affidavit

For Workers' Compensation Exemption:

Company Name: _____

State of _____

County of _____

Before me, the undersigned authority, personally appeared _____, who, being duly sworn, states the following:

1. I am the qualifying contractor for the project located at:
   _____
2. I am operating under a valid Workers' Compensation exemption.
3. I understand that no employees, laborers, or subcontractors are permitted to perform work under this exemption.
4. I acknowledge that violation of these conditions may result in permit suspension, stop work orders, fines, or legal enforcement action.

Contractor Signature: _____
Date: _____

Notary Acknowledgment

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____ , _____

by _____ who:

☐ is personally known to me

OR

☐ produced _____ as identification.

Notary Public Signature: _____

Print Name: _____

My Commission Expires: _____

(SEAL)