



Miami Shores Village - BUILDING DEPARTMENT
10050 NE 2 Ave Miami Shores, FL 33138
305-795-2204 www.msvfl.gov

Contractor Registration Form

BusinessName: _____

Address: _____

Phone: (____) _____ E-mail: _____

Qualifier Name: _____ Qualifier Lic Number: _____

Contractor may register license and insurance information with the Village on an annual basis. The initial fee will be \$50 with an annual update fee of \$30. Contractors that elect not to maintain their information on file will need to provide their information with each permit applied for.

Please confirm if you would like to register your Contractor for a fee of \$50.

A FLORIDA STATE CERTIFIED CONTRACTOR:

A. _____ Copy of Local Business Tax Receipt

B. _____ Copy of Qualifier State Licenses

C. _____ Copy of Liability Insurance*

D. _____ Copy of Workers Compensation Insurance*

Provide proof that the contractor has secure compensation for its employees as required under section 105.3.5 of the 6th edition to the 2017 F.B.C.

(Workers Compensation FEIN EXEMPTION must have Notice to Owner form and Contractor Affidavit)

A MIAMI DADE COUNTY CONTRACTOR:

A. _____ Copy of Certificate of Competency of Qualifier

B. _____ Copy of Local Business Tax Receipt

C. _____ Copy of State Registered Contractor Licenses or Miami Dade County Municipal Contractor's Tax Receipt.

D. _____ Copy of Liability Insurance*

E. _____ Copy of Workers Compensation Insurance*

Provide proof that the contractor has secure compensation for its employees as required under section 105.3.5 of the 6th edition to the 2017 F.B.C.

(Workers Compensation FEIN EXEMPTION must have Notice of Owner form and Contractor Affidavit)

***YOUR INSURANCE COMPANY MUST ISSUE A CERTIFICATE AS FOLLOW:**

Certificate Holder:

**MIAMI SHORES VILLAGE BLDG DEPT
10050 NE 2ND AVE MIAMI SHORES, FL 33138**

Certificate must specify the description of operations or contractor license number.



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Notice to Owner – Workers’ Compensation Insurance Exemption

Florida Law requires Workers' Compensation insurance coverage under Chapter 440 of the Florida Statutes. Fla. Stat. § 440.05 allows corporate officers in the construction industry to exempt themselves from this requirement for any construction project prior to obtaining a building permit. Pursuant to the Florida Division of Workers' Compensation Employer Facts Brochure:

An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain workers' compensation coverage. Corporate officers or members of a limited liability company (LLC) in the construction industry may elect to be exempt if:

1. The officer owns at least 10 percent of the stock of the corporation, or in the case of an LLC, a statement attesting to the minimum 10 percent ownership;
2. The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations; and
3. The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

No more than three corporate officers per corporation or limited liability company members are allowed to be exempt. Construction exemptions are valid for a period of two years or until a voluntary revocation is filed or the exemption is revoked by the Division.

Your contractor: _____ is requesting a permit under this workers' compensation exemption and has acknowledge that he or she will not use day labor, part-time employees or subcontractors for your project. The contractor has provided an affidavit stating that he or she will be the only person allowed to work on your project. In these circumstances, Miami Shores Village does not require verification of workers' compensation insurance coverage from the contractor's company for day labor, part-time employees or subcontractors.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ THIS NOTICE AND UNDERSTAND ITS CONTENTS.

Signature: _____ Address: _____
Owner

State of Florida

County of Miami-Dade

The foregoing was acknowledge before me this _____ day of _____, 20_____.

By _____ who is personally known to me or has produced _____ as identification.

Notary: _____

SEAL:

COMPANY LETTER HEAD

Date:

State of _____

County of _____

Before me this day personally appeared _____ who, being duly sworn,
deposes and says:

That he or she will be the only person working on the project located at:

Contractor Signature

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
by _____

Personally know _____

OR Produced Identification _____

Type of Identification Produced _____

Print, Type or Stamp Name of Notary