



CITY OF MIAMI SPRINGS

201 Westward Drive
Miami Springs, Florida 33166



Building Department CONTRACTOR REGISTRATION

Qualifier's Name: _____

Company/ Business Name: _____

Phone: _____ Fax: _____ Cell/Other: _____

Email: _____

Company/Business Address: _____

City: _____ State: _____ Zip Code: _____

License Type: _____

DOCUMENT CHECKLIST

Please attach a copy of the following documents:

- ☐ State License / Certificate of Competency
- ☐ Local/ Municipal Business Tax
- ☐ General Liability Insurance
- ☐ Workers' Comp Insurance

Important!

All Workers Comp & General Liabilities must come with a description of the **insured's scope of work or State License number under the "description of operations" box.**

You may fax this information to 305-805-5036, email to: bzcp@miamisprings-fl.gov or bring in person.