



***Contractors Must Submit the Following Items
With the Registration Application***

- Palm Beach County/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 Insurance, naming Wellington as Certificate Holder.
- Certificate of Workers Compensation Insurance or Exemption Certificate.
- Certified State License holders based in another County must provide a copy of their Business Tax Receipt for the County in which they are based.
- A notarized letter of authorization must be submitted for anyone other than the qualifier who will be picking up permits.
- A copy of the Qualifiers Drivers License or photo identification.

Registration Fees

\$ 2.00 **State certified or Palm Beach County-Wide License holders**
\$75.00 **All others not requiring state or county licensing/certificates**



Contractor Registration Application

Receipt # _____ Process By: _____ Issued By: _____ Date Issued: _____

COMPANY INFORMATION

Company Name _____

Address _____

Street City State Zip

Mailing Address _____

(if different) Street City State Zip

Business Phone _____ Cell Phone _____ FAX _____

Email Address _____

BUSINESS OWNER/QUALIFYING AGENT

Owner/Qualifiers Name _____ Phone _____

Home Address _____

Street City State Zip

Driver's License # _____ # of Employees on Construction Site _____

Nature of Business _____

BUSINESS OWNER – If Different From Qualifier

Owner's Name _____

Home Address _____

Street City State Zip

Pursuant to FS 205.0535(5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must provide the Social Security number for the person being taxed pursuant to section FS 119.071(5)

FEIN _____ or Social Security Number _____

I hereby declare this application has been examined by me as of this date and to the best of my knowledge and belief is true and accurate.

Qualifier Signature _____ Date _____

NOTARY CERTIFICATE

**STATE OF FLORIDA
PALM BEACH COUNTY**

The foregoing instrument was acknowledged before me this _____ day of _____, 2011,

by _____ Whom is personally known to me or has produced _____
(Type of ID)
as identification.

Notary Signature _____

Notary Public, State of _____

Provide Copies of the Following Documents Along With Application:

- A copy of the Qualifiers Driver's License or Photo Identification.
- Palm Beach County/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 Regulations License.
- Certificate of Liability and Workers Comp Insurance, naming the Village of Wellington as Certificate Holder.
- A notarized letter of authorization must be submitted for anyone other than the qualifier who will be picking up permits.
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ADDITIONAL REQUIREMENTS FOR CERTAIN OCCUPATIONS

- If your profession or occupation is regulated by the Fla. State Department of Business and Professional Regulation (850-487-2252) you must attach a copy of your current certification, registration or license to this application.
- A Palm Beach County Business Tax Receipt is required in addition to the Village of Wellington BTR. Please attach a copy of the Palm Beach County Business Tax Receipt, or a PBC BTR application.
- Certified contractors must attach a copy of a Florida State and/or Palm Beach County Certification (call 561-233-5525 for certification information). If your business is based within the incorporated boundaries of Wellington, you are required to possess a Wellington Business Tax Receipt. If your business is not based within the boundaries of Wellington, you must submit a copy of a Business Tax Receipt from the county or municipality where your business is based for registration of your license with Wellington.
- Banks, mortgage brokers, finance companies and stockbrokers must be registered with the State Comptroller, Fla. Dept. of Banking and Finance (561-837-5054). Attach a copy of the state, federal or national license showing the proper business location as stated on this application.
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NOTE TO THE APPLICANT:

A completed application is required in order to process your business registration. It is your responsibility to submit all documentation and fees as a part of the complete application. Failure to submit the required documentation will cause the Contractor Registration application to be returned to you.

Prior to issuance, all applications are required to be reviewed and approved by the Planning and Zoning Division (561-791-4000) to assure the business is located in an appropriate location for the type of business proposed. If the business type is not as shown on this application, or if the business is not otherwise allowed in the zoning district of the proposed location, you will be required to relocate the business to an appropriately zoned location.

Any structural or interior modifications may require prior approval from the Building Division (561-791-4000). The Palm Beach County Fire Rescue Department will be provided a copy of your Business Tax Receipt application. Please contact Fire Rescue (561-233-0059) to determine if your business needs to provide additional safety features.

All Business Tax Receipts expire SEPTEMBER 30th of each year. Penalty fees are assessed if your BTR is not renewed by that date. New Business Tax Receipt fees are prorated for half-year from April 1 through September 30. Otherwise a full fee will be charged. Licenses are not prorated if your business is operational prior to April 1. NO REFUNDS will be made for businesses closed during the full fiscal year or for licenses paid in error.



AUTHORIZED SIGNATURE FORM

Company Name _____

Address _____

Street City State Zip

Business Phone _____ FAX _____

Qualifiers Name _____

I hereby authorize Wellington Building Division to issue permits based on the signature for the above referenced company to:

Print name of authorized person Signature of authorized person

Print name of authorized person Signature of authorized person

Print name of authorized person Signature of authorized person

I certify the above person or persons are employed by the company, and I understand that I am fully responsible and legally bound for all acts performed under the above referenced company.

Print name of Qualifier Signature of Qualifier

NOTARY CERTIFICATE

**STATE OF FLORIDA
PALM BEACH COUNTY**

The foregoing instrument was acknowledged before me this _____ day of _____, 2011,

by _____ Whom is personally known to me or has produced _____
(Type of ID)

as identification.

Print Name of Notary Public: _____

Signature of Notary Public: _____