



**CONTRACTOR'S REGISTRATION APPLICATION  
&  
PERMIT AUTHORIZATION FORM**

**TOWN OF LAKE PARK  
COMMUNITY DEVELOPMENT DEPARTMENT  
535 PARK AVENUE LAKE PARK, FL 33403  
Phone (561) 881-3318 Fax (561) 881-3323  
www.lakeparkflorida.gov**

**DATE** \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**CONTRACTOR TYPE** \_\_\_\_\_

**QUALIFIER NAME** \_\_\_\_\_

**QUALIFIER PHONE** \_\_\_\_\_

**STATE LICENSE NUMBER** \_\_\_\_\_ **OR**

**P.B.C. CONTRACTOR CERTIFICATE OF COMPETENCY #** \_\_\_\_\_

In order to register as a Contractor in the Town of Lake Park, the following current documents must be submitted:

- A Certificate of Liability Insurance indicating General Liability and Workers Compensation coverage, naming the Town of Lake Park as the Certificate Holder
- A Certificate of Workers Compensation Exemption if you are qualify under Florida Statute
- For State Contractors: State Certification
- For Palm Beach County Competency Contractors: P.B.C. Contractor Certificate of Competency, State Registration and Palm Beach County or Countywide Business Tax Receipt

**REGISTRATION FEES:**

State Contractors: \$10.00

Palm Beach County: \$10.00

Palm Beach Countywide \$2.00

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**CONTRACTOR AUTHORIZATION  
TO CONDUCT BUSINESS RELATING TO  
BUILDING PERMITS**

I, \_\_\_\_\_, Qualifier, do hereby authorize the following person(s) to conduct business relating to Town of Lake Park Building Permits on my behalf:

\_\_\_\_\_  
Name of Authorized Agent

\_\_\_\_\_  
Name of Authorized Agent

**OR**

- I do not authorize anyone to conduct business relating to Town of Lake Park Building Permits on my behalf.**

\_\_\_\_\_  
Qualifier Signature

\_\_\_\_\_  
Date

**State of Florida, County of** \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Name of Person Acknowledging)

who is personally known to me \_\_\_\_\_ or

has produced identification \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

NOTARY SEAL

**FOR OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE**

**DATE:** \_\_\_\_\_

**RECEIVED BY** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_

*REVISED: JANUARY 8, 2015*