

## REGISTRATION FORM

Pursuant to Section 14-1 of Chapter 14 of the Town of Lake Clarke Shores Code of Ordinances, any person or entity who does not have their business operation located within the corporate limits of the Town of Lake Clarke Shores but provides or furnishes services within the corporate limits of the town, is hereby required to register with the Town of Lake Clarke Shores by filling out a registration form. Such person or entity must provide a copy of a valid local business tax receipt issued by another municipality and/or county indicating that he possesses a valid permanent office, a copy of their certificate of competency, if applicable, and must provide proof of insurance(s). A fee shall be charged to register these types of businesses, occupations and professions. The registration fee shall be determined by resolution of the Town Council.

NAME OF BUSINESS \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

OWNER NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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

CERTIFICATION NUMBER (S) \_\_\_\_\_

TYPE OF BUSINESS PERFORMED \_\_\_\_\_

In signing this application I hereby agree to abide by all Ordinances, Rules and Regulations pertaining to this subject, now or hereafter passed by the Town Council of the Town of Lake Clarke Shores, or by any official empowered to issue such regulations.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Print Name

.....  
**OFFICE USE ONLY:**

Date received \_\_\_\_\_ Fee \_\_\_\_\_ Town License # \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**TOWN OF LAKE CLARKE SHORES  
1701 BARBADOS ROAD  
LAKE CLARKE SHORES, FL 33406**

**ALL CONTRACTORS MUST BE REGISTERED WITH THE  
TOWN OF LAKE CLARKE SHORES**

**- REGISTRATION REQUIREMENTS -**

**CONTRACTORS MUST PROVIDE COPIES OF THE FOLLOWING  
INFORMATION APPLICABLE TO PARTICULAR TRADE:**

- LOCAL BUSINESS TAX RECEIPT FOR BUSINESS LOCATION  
(Include Palm Beach County Wide Receipt if applicable)
- STATE OF FLORIDA AND/OR COUNTY CERTIFICATE OF COMPETENCY
- PROOF OF INSURANCE INCLUDING:

GENERAL LIABILITY INSURANCE

WORKMAN'S COMPENSATION (IF ONE OR MORE EMPLOYEES)

WORKMAN'S COMPENSATION EXEMPTION

**INSURANCE MUST LIST NAME THE TOWN OF LAKE CLARKE SHORES  
AS CERTIFICATE HOLDER**

- FEE BASED ON TYPE OF COMPETENCY AND IF COUNTY OR COUNTY-  
WIDE RECEIPT IS PROVIDED:

NO FEE FOR STATE COMPETENCY  
\$2.00 WITH COUNTYWIDE RECEIPT  
\$30.00 WITH COUNTY ONLY RECEIPT

**TOWN OF LAKE CLARKE SHORES**  
PHONE: 964-1515 ext. 14  
FAX 964-0685