

**City Of Homestead**  
 551 SE 8 Street  
 Homestead, Florida 33030  
 Phone: 305-224-4779  
 Fax: 305-224-4789



## Contractor Licensing Registration Requirements:

Pursuant to City Code Section 6-37, all contracting firms obtaining a local business tax receipt within the City of Homestead and wishing to do business in the city shall be required to register annually with the city no later than thirty (30) days following the date of renewal of the local business tax receipt for such contracting firm.

1. *Required documentation for Contractor Registration:*

**Miami-Dade County Contractors:**

- A) Certificate of Competency
- B) Miami-Dade Municipal Contractor's Tax Receipt (MC)
- C) Miami-Dade Local Business Tax Receipt (LBT)
- D) State of Florida Contractor License (Registered)  
Specialty Engineering Contractor's are not required to Register with the State
- E) Liability and Workers Compensation Insurance
- F) Driver's License (original or clear & legible color copy only)

**State of Florida Contractor's:**

- A) State of Florida Contactor License (Certified)
- B) Miami-Dade Local Business Tax Receipt (LBT) or County of Origin
- C) Liability and Workers Compensation Insurance
- D) Driver's License (original or clear & legible color copy only)

2. *Liability and Workman's Comp Certificates of Insurance must be made out to the following Certificate Holder:*

CITY OF HOMESTEAD  
 100 CIVIC COURT  
 HOMESTEAD, FL 33030

3. *Qualifier and Contractor Information:*

<b>County or State Contractor</b>	
<b>Qualifier Name</b>	
<b>Certification/License No.</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>City, State Zip</b>	
<b>Telephone Number</b>	
<b>Mobile Number</b>	
<b>Email Address</b>	

4. *Authorized Representative to Pick up Permits:*

I, \_\_\_\_\_, hereby authorize the City of Homestead Public Works & Engineering Department to release permits to \_\_\_\_\_, who will serve as an authorized representative. A list of Authorized Representatives may be attached. I further understand that my signature must be notarized on all Right of Way Permit Applications.

5. *Qualifier signature and Notary:*

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

\_\_\_\_\_  
 Signature of Notary Public

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 (SEAL)