



City of Coral Gables
Development Services Department

REGISTRATION
PRIVATE PROVIDER

Form R.1
Florida Statutes §553.791(15) (b)

Please submit all of the following documents:

1. Certificate of Insurance must be sent directly from your insurance company to the City of Coral Gables.
2. Copy of current Florida license for the business entity (Certificate of Authorization).
3. Copy of Florida licenses for all Private Providers.
4. Resume for Qualifier and all Private Providers.
5. Occupational license.
6. Copy of Driver's License.
7. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name the City of Coral Gables as the certificate holder.

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER (QUALIFIER)

Name of Qualifier: _____

Signature: _____

Home Address: _____

Home Telephone: _____ Alternate Telephone: _____

State of FLORIDA)
County of MIAMI-DADE)

SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 _____, personally appeared _____, being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____

Print Name: _____

Notary Public Stamp:

My Commission Expires