

TOWN OF OCEAN RIDGE

6450 NORTH OCEAN BOULEVARD

OCEAN RIDGE, FLORIDA 33435

www.oceanridgeflorida.com

(561) 732-2635 ♦ FAX (561) 734-7031

LYNNE LADNER
TOWN MANAGER &
FINANCE DIRECTOR

KELLY AVERY
TOWN CLERK



MAYOR
GEOFF PUGH

VICE MAYOR
STEVE COZ

COMMISSIONERS
CAROLYN CASSIDY
PHILIP BESLER
KENNETH KALEEL

___ New ___ Update

NAME OF BUSINESS: _____

OFFICE ADDRESS: _____ CITY/STATE/ZIP CODE: _____

OFFICE TELEPHONE NO.: _____ CELL NO.: _____

EMAIL ADDRESS: _____

QUALIFIER INFORMATION:

NAME OF QUALIFIER: _____

OFFICE ADDRESS: _____ CITY/STATE/ZIP CODE: _____

OFFICE TELEPHONE NO.: _____ CELL NO.: _____

EMAIL ADDRESS: _____

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

___ State License (F.S. 489.115) or Palm Beach County Certificate of Competency and State Registration

___ County Business Tax Receipt (or Exemption)

___ Liability and Worker's Compensation Certificates of Insurance made out to the Town of Ocean Ridge

___ Worker's Compensation Exemption, if applicable

___ Qualifiers must produce a legible Government Issued active form of identification with picture

I hereby acknowledge and certify that the information contained herein is true and accurate to the best of my knowledge.

Qualifier Signature

Date

Qualifier Print Name Legibly

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ Physical presence OR ___ Online notarization this ___ day of ___, 20___, by ___. Personally known ___ OR Produced Identification ___ Type of Identification Produced: _____

Notary Signature

(Notary Seal)