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NEW/RENEWAL APPLICATION COMMUNICATIONS SERVICE PROVIDER REGISTRATION

Legal Name of Applicant: _____

Check one of the following: ☐ Corporation ☐ Partnership ☐ LLC ☐ Sole Proprietor ☐ Fictitious Name ☐ Other _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ Website address: _____

Name of designated Contact Person: _____

Contact Phone Number: _____ Contact Email (Required): _____

Federal Employer Identification Number (FEIN#): _____

CERTIFICATES OF AUTHORIZATION:

Florida Public Service Commission Registration number: _____

Federal Communications Commission Registration number: _____

Florida Department of State Authorization number: _____

*** Please attached copies of Federal and/or State certification authorizing the applicant to provide communication services.**

PASS-THROUGH PROVIDERS

Yes ☐ No ☐ Applicant is a "pass-through" provider as defined in Florida Statutes, Section 337.401(6)(a)1.

*** If you checked "Yes" above you must provide a notarized statement identifying the total number of miles of metallic cable, fiber optic cable, or other pathway in the County's rights-of-way.**

Definition: (6)(a) 1. a. A "pass-through provider" is any person who places or maintains a communications facility in the roads or rights-of-way of a municipality or county that levies a tax pursuant to chapter 202 and who does not remit taxes imposed by that municipality or county pursuant to chapter 202.

b. Notwithstanding sub-paragraph a., a person who does not remit taxes imposed by a municipality or county pursuant to chapter 202, but pursuant to s. 202.16(2) sells communications services for resale to a person who sells such services at retail or who integrates such services into communication services sold at retail in that municipality or county and who remits taxes imposed by that municipality or county pursuant to chapter 202, is not a pass-through provider.

PROOF OF INSURANCE

The Registrant shall provide, pay for and maintain, throughout the term of its Registration the types of insurance described herein. The limits of coverage of insurance required shall be not less than the following:

- (1) Worker's Compensation and Employer's Liability Insurance as required by Florida Statutes.
- (2) Comprehensive General Liability Bodily injury and property damage - \$1,000,000 combined single limit each occurrence.
- (3) Automobile Liability Bodily injury and property damage - \$1,000,000 combined single limit each accident covering all owned, non-owned, and hired vehicles.

***All liability policies shall provide that Miami-Dade County is an additional insured as to the operations under this Registration.**

Provide certificates of insurance with the certificate holder as follows:

**Miami-Dade County
c/o Office of Consumer Protection
601 NW 1st Court, 18th Floor
Miami, Florida 33136**

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Communications Services Registration.

I understand that once a registration has been issued, I agree to provide any updates to the registration information to Miami-Dade County within ninety (90) days of any changes to the information in this application.

Authorized Representative Signature

Date

Print Name