

**TOWN OF SOUTHWEST RANCHES  
REGISTRATION  
ARTICLE II, CHAPTER 22, SECTION 22.20  
SOUTHWEST RANCHES ORDINANCE 2018-004**

*For Internal Use  
Only*

Verified     Date:  
by:

- 1. **REGISTRANT'S NAME (COMPANY NAME):**  
*(NOTE: REGISTRANT'S NAME MUST APPEAR AS IT APPEARS ON THE CERTIFICATE OF FRANCHISE AUTHORITY AND THE STATE OF FLORIDA DEPARTMENT OF STATE CERTIFICATE OF STATUS)*

- 2. **NAME, TITLE, ADDRESS AND TELEPHONE NUMBER OF REGISTRANT'S PRIMARY CONTACT PERSON IN CASE OF EMERGENCY – 24 HOURS PER DAY; 7 DAYS PER WEEK**

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 CELL PHONE NUMBER: \_\_\_\_\_  
 HOME PHONE NUMBER: \_\_\_\_\_  
 OFFICE NUMBER: \_\_\_\_\_

- 3. **THE TYPE OF COMMUNICATIONS SERVICES THAT THE REGISTRANT PROVIDES OR INTENDS TO PROVIDE WITHIN THE TOWN (IF MORE THAN ONE, STATE ALL THAT APPLY), OR, IF NONE, INDICATE THAT THE REGISTRANT IS A COMMUNICATIONS FACILITY PROVIDER, WIRELESS INFRASTRUCTURE PROVIDER, OR PASS-THROUGH PROVIDER, AS THE CASE MAY BE, AND WHETHER THE REGISTRANT CURRENTLY REMITS OR INTENDS TO REMIT COMMUNICATIONS SERVICE TAX, AS AUTHORIZED IN CHAPTER 202, FLORIDA STATUTES; (ATTACH ADDITIONAL SHEET(S) IF NECESSARY.)**

- 4. **EVIDENCE OF INSURANCE COVERAGE REQUIRED UNDER THIS SECTION. (ATTACH CERTIFICATE(S) OF INSURANCE.)**

- 5. **ACKNOWLEDGEMENT THAT REGISTRANT HAS RECEIVED A COPY OF THIS ORDINANCE. (ACKNOWLEDGEMENT FORM ATTACHED.)**

- 6. **A COPY OF THE REGISTRANT'S CERTIFICATE OF AUTHORIZATION, PUBLIC CONVENIENCE AND NECESSITY, OR OTHER SIMILAR CERTIFICATION OR LICENSES ISSUED BY THE FLORIDA PUBLIC**

**SERVICE COMMISSION, THE FLORIDA DEPARTMENT OF STATE, THE FCC, OR OTHER FEDERAL AUTHORITY. A COPY OF FEDERAL OR STATE CERTIFICATION AUTHORIZING THE REGISTRANT TO PROVIDE COMMUNICATIONS SERVICES, IF ANY. (ATTACH A CERTIFICATE OF FRANCHISE AUTHORITY.)**

- 7. IF THE REGISTRANT IS A CORPORATION, PROOF OF AUTHORITY TO DO BUSINESS IN THE STATE OF FLORIDA, INCLUDING THE NUMBER OF THE CORPORATE CERTIFICATION. (ATTACH A STATE OF FLORIDA CERTIFICATE OF STATUS)**
  
- 8. ENCLOSE PERFORMANCE CASH BOND IN AMOUNT OF \$25,000, EITHER IN THE FORM OF A CORPORATE CHECK OR LETTER OF CREDIT FROM A FINANCIAL INSTITUTION IN BROWARD COUNTY. THE PERFORMANCE CASH BOND SHALL BE CONDITIONED ON THE FULL AND FAITHFUL PERFORMANCE OF ALL REQUIREMENTS, DUTIES, AND OBLIGATIONS IMPOSED BY THE ORDINANCE, INCLUDING TO RESTORE THE PUBLIC RIGHTS-OF-WAY AND GUARANTEE SUCH RESTORATION, REMOVE ANY ABANDONED COMMUNICATIONS FACILITIES, PAY APPROPRIATE COMPENSATION TO THE TOWN, AND PAY FOR ANY DAMAGE TO TOWN OR OTHER FACILITIES IN THE PUBLIC RIGHTS-OF-WAY**

**TOWN OF SOUTHWEST RANCHES**

**ACKNOWLEDGEMENT FORM  
(ACKNOWLEDGING RECEIPT OF ORDINANCE 2018-**

I, \_\_\_\_\_, AS THE \_\_\_\_\_ OF REGISTRANT  
\_\_\_\_\_, HEREBY ACKNOWLEDGE THAT I HAVE  
RECEIVED AND REVIEWED A COPY OF ORDINANCE 2018-004 PROVIDED BY THE  
TOWN OF SOUTHWEST RANCHES.

\_\_\_\_\_  
SIGNATURE OF REGISTRANT'S REPRESENTATIVE

\_\_\_\_\_  
DATE SIGNED