COMMUNICATIONS SERVICE PROVIDER REGISTRATION
INFORMATION SHEET AND APPLICATION FORM

A Communications Services Provider (CSP) that desires to place or maintain a Communications Facility in the Public Rights-of-Way shall first register with the City of Bonita Springs prior to beginning the permit process. **No public right-of-way construction permit shall be issued to a CSP that is not registered with the City of Bonita Springs.** A registration does not convey any title, equitable or legal, to the Applicant in the public right-of-way. To obtain a CSP Registration, an Applicant must meet the following requirements:

**Insurance Requirements:**
The Applicant 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 not be less than the following:

1. **Commercial general liability insurance** - $1,000,000.00 per occurrence combined single limit, for bodily injury, personal injury or death, or property damage, and a minimum $2,000,000.00 policy aggregate for each personal injury liability, broad form property damage, contractual liability, and products-completed operations liability.
2. **Business automobile liability insurance** – $1,000,000.00 combined single limit, including bodily injury and property damage covering owned, lease, hired, and non-owner vehicles.
3. **Worker’s Compensation** as required by the Florida Statutes.
4. **Employer’s liability insurance** – $1,000,000.00 each accident for employer’s liability.

**Performance and Construction Blanket Bond Requirement:**
The Applicant shall provide a $50,000.00 bond, or file an irrevocable letter of credit in the same amount, which shall remain in full force and effect for the duration of the Applicant’s registration and beyond as delineated in Chapter 38. A preferred bond template can be found on the City’s Public Works website. Be advised that should an Applicant opt to use its own template, the applicant should obtain approval as to form from the City before executing the bond.

**Other Requirements:**
The Applicant must comply at all times with all policies, procedures, and directives of the Public Works Department of the City of Bonita Springs.
Check one: INITIAL ________ RENEWAL ________

Applicant’s Name:__________________________________________
Applicant’s Principal Address: _________________________________________
Applicant’s Phone Number: ___________________________________________
Primary Contact: ____________________________________________
Contact’s Primary Address: ___________________________________________
Contact’s Phone Number: ___________________________________________
Emergency Contact: ____________________________________________
Emergency Contact’s Phone Number: ____________________________________________

Attach the following documents:

1. A copy of both the Applicant’s resale certificate and certificate of registration issued by the Florida Department of Revenue to engage in the business of providing Communications Services in the State of Florida.

2. A copy of the Applicant’s certificate of authorization, public convenience and necessity, or other similar certification issued by the PSC.

3. A copy of the Applicant’s certificate of authorization or license to provide Communications Services issued by the PSC, the Florida Department of Revenue, the FCC, or other Federal authority, if any.

4. Evidence of the Applicant’s required insurance coverage.

5. A $50,000.00 bond, or an irrevocable letter of credit in the same amount, which shall serve as a Performance and Construction Blanket Bond.

6. A description of what the communications services will be used for to include information detailing if the applicant is a dealer of communications services to end users in Florida.

7. If applicable, proof that the Applicant has paid the Communications Services Tax to the State of Florida. Applicants who have not paid the state tax will be charged a fee in the permitting process.

If applicant is a pass-through provider, applicant shall provide a certified copy of the certificate or license issued by the Florida Department of State, or other appropriate State agency or department, authorizing the company to do business in the State of Florida, in lieu of attachments (1), (2), and (3).
Authorized Agent Affidavit

I, ____________________________________________, hereby grant authorization to the following persons or entities to act on my behalf with the City of Bonita Springs (hereinafter, “the City”) while conducting activities related to obtaining permits or inspections on my behalf:

Contractor Name: ________________________  Contractor Name: ________________________
License No.: ______________________________  License No.: ______________________________
Type of Work: ______________________________  Type of Work: ______________________________

The above named Authorized Agent(s) is to be considered an agent of my business and therefore the signature of the Agent is binding and causes me to assume all responsibilities connected to or associated with the signature as they may relate to my business.

I, ____________________________________________, agree to relieve the City of, and to hold the City harmless from, any and all responsibility, claims or other actions arising from or related to the City’s acceptance of the Authorized Agent’s signature for permit-related activities. I further understand that it is my sole responsibility to grant and terminate any such authorization and to ensure that the City receives timely notice of any such termination.

__________________________________________
Attorney-in-fact

State of __________________
County of ________________

The foregoing instrument was acknowledged before me this _____ day of _______________, 20____, by ________________________________, who is personally known to me or produced ________________________________ as identification.

__________________________________________
Notary Public Signature
KNOW ALL MEN BY THESE PRESENTS:
that we __________________________________________ (hereinafter, the “Principal”), and ______________________________, a corporation authorized to do business in the State of Florida as a surety insurer and duly organized under the laws of the State of ________________, with its home office located at ______________________________________________________________________ (hereinafter, the “Surety”), are firmly bound unto the City of Bonita Springs, a municipal corporation of the State of Florida, (hereinafter, the “City”), in the sum of Fifty Thousand Dollars ($50,000.00), for payment of which we bind ourselves, our heirs, personal representatives, successors, and assigns jointly and severally.

WHEREAS, the Principal has received, or may upon application receive, a permit or permits from the City to perform work on, about or adjacent to a right-of-way as may be particularly specified in said permit(s), to which permit(s) reference is hereby made and are made part hereof by reference; and

WHEREAS, the Principal agrees to comply with all the rules, regulations and restrictions of the City in regard to said permit or permits.

NOW, THEREFORE, the Principal shall well and truly perform and fulfill all the undertakings, covenants, terms, conditions and agreements specified in said permit or permits, and shall well and truly save harmless and indemnify the City from all damages and costs that the City may suffer, be liable for, or be compelled to pay or any injuries or damages which may be caused by any action or work being carried on by the Principal under any permit or permits issued by or on behalf of the City, then this obligation shall be void; otherwise remain in full force and effect, subject only to the following conditions:

1. This obligation shall remain in effect for one year with an initial expiration date of one year from the date of execution hereof, with automatic extensions of an additional year to occur each successive year thereafter until the Bond is released one year following the date of termination of the Principal’s registration with the City. Surety shall acknowledge each one year extension of this Bond by sending a written letter on official bonded letterhead signed by the person(s) with authority to acknowledge such extensions.
2. Regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount listed above.

3. The City may make a demand for payment at the following Florida address:
____________________________________________________________________________________
____________________, whose valid phone number is (___) ____-_____.

4. The venue for any action under this Bond is Lee County, Florida. Florida law will control any action taken under the terms of this Bond. Further, any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes.

5. Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the contract or the changes do not affect Surety’s obligation under this Bond.

6. The Surety may terminate its liability hereunder as to future permits issued to the Principal at any time by giving thirty (30) days written notice of such termination to the City. The Surety will not be liable for any permits issued to the Principal after the effective date of said termination.

IN WITNESS WHEREOF, this instrument has been duly executed by the Principal and Surety above-named on this _____ day of __________________, __________.

__________________________                      By: ____________________________
Principal                           Title: ____________________________

__________________________                      By: ____________________________
Surety                             Attorney-in-fact

__________________________                      ____________________________
1st Witness Signature            2nd Witness Signature

__________________________                      ____________________________
1st Witness Printed Name            2nd Witness Printed Name
SURETY ACKNOWLEDGMENT

STATE OF _____________

COUNTY OF _____________

I, _______________________________, a Notary Public in the State of _____________, do hereby certify that ________________________________, Attorney-in-fact of ________________________________, appeared before me this day in person, and acknowledged that s/he signed, sealed, and delivered said instrument, for and on behalf of ________________________________ for the uses and purposes therein set forth.

_______________________________
Notary Public: ___________________
My commission expires: ___________

Personally Known _____________ OR Produced Identification _____________
Type of Identification Produced ________________________________