

# CITY OF DADE CITY

## BUILDING DEPARTMENT

38020 Meridian Ave  
Post Office Box 1355  
Dade City, FL 33526-1355

Phone: 352-521-1460  
Fax: 352-521-1498



### CONTRACTOR LICENSE REGISTRATION APPLICATION

**BUSINESS TYPE:**  Individual  Partnership  Corporation  
 New  Transfer-Owner  Transfer-Location

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Telephone / Fax:** (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**FEIN Number:** \_\_\_\_\_

**Contractor License TYPE:** \_\_\_\_\_

**Florida State License No:** \_\_\_\_\_ **County License No:** \_\_\_\_\_

**I HERBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
**Qualifying Contractor Signature**

\_\_\_\_\_  
**Qualifying Contractor Name – PRINT**

A copy of the following documents must be on file containing current information with this office before any contractor license will be activated.

1. Copy of worker's Compensation Insurance reflecting City of Dade City as certificate holder, OR Workers Compensation exemption.
2. Copy of liability insurance reflecting City of Dade City as Certificate holder.
3. Copy of Florida State Contractor License.
4. Copy of Tax Receipt or competency card.
5. Notarized letter from qualifier authorizing others to act on qualifiers behalf.

**FOR OFFICE USE ONLY**

Date:

Registration No:

Check No.:

Amount: