

Date:

Web code #



City of Dade City
Building Department
38020 Meridian Ave
Dade City, FL 33525
352-521-1460

CONTRACTOR REGISTRATION FORM

Company Name:

Company Address:

City:

State:

Zip:

Same as above [] If mailing address is different fill out below

Mailing Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:

Type of Contractor:

FL State License #

License Holder's Name (print):

License Holder's Signature:

SUBMISSION REQUIREMENTS:

- Workers Compensation reflecting the City of Dade City
- Liability reflecting the City of Dade City
- Florida State License
- Business Tax Receipt of the city you are based out of.
- Contractor Authorization Letter (only if the license holder is not the one coming in the office).

If work is being done in the City of San Ann or Saint Leo, the insurance must reflect the correct city as well as City of Dade City