

**CITY OF DADE CITY
BUILDING CONSTRUCTION DEPARTMENT**

14150 5th Street
Dade City, Florida 33525

Telephone: 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 Number:
E-mail Address:	
FEIN Number:	

Contractor License Type:	
Florida State License No.:	County License No.:

HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Qualifying Contractor Signature	Qualifying Contractor Name (print)
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A copy of the following documents must be on file containing current information with this office before Any contractor license will be activated.

<ol style="list-style-type: none">1. Copy of Worker's compensation or exemption2. \$5,000 Surety Bond (ALL except state certified contractors)3. Copy of liability insurance with City of Dade City as holder	<ol style="list-style-type: none">4. Copy of Florida state contractor license5. Copy of county occupational license or competency card.6. Notarized letter from qualifier authorizing other to sign for permit.
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FOR OFFICE USE ONLY

Date:	Registration:	Check No.:	Amount:
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