

♦ 202 Main St. ♦ PO Box 1000 ♦ Dundee, Florida 33838 ♦ (863) 438-8335 ♦ Fax (863) 438-8339

CONTRACTOR REGISTRATION APPLICATION

Name of Business:		
Type of Business:		
Address:		
Mailing Address if differen	t than above:	
Business Phone:	Fax:	Mobile:
Office Contact: (please prin	t)	
State License/Certification	#:	
Owner/President of Compa	any (full name):	
Licenses held in other citie	es:	
POLK COUNTY BUILDING	DEPARTMENT ID#:	
REQUIRED DOCUMENTAT	TION: (Please attach copies)	
One transfer of the Contifica	diam (N. T. J. J. J. N.	
	ation (No Town bond required)	[]
Contractors State Registra	ation (\$5000 Town bond required)	l J
\$5,000 Bond to Town of Du	undee	[]
Signature Authorization Fo	orm Required	[]
Certificate of Competency	: License #	[]
Other Licenses		[]
Liability Insurance		[]
Workmen's Compensation	Ins. Or Exemption Certificate	[]
Occupational License		[]
Contractor Registration Fe	ee: \$35.18	[]
Name: (please print)		
Signature of Applicant:		
Title:	Date	: