



Town of Dundee

202 Main St - PO Box 1000 Dundee FL 33838 Office (863)438-8330 Fax (863)438-8333

CONTRACTOR REGISTRATION APPLICATION

Name of Business: _____

Type of Business: _____

Mailing Address: _____

City/State/ZIP: _____

Email Address: _____ Mobile: _____

Business Phone: _____ Fax: _____

Name of Contact Person: _____

State License/Certification #: _____

Owner/President of Company: _____

REQUIRED DOCUMENTATION: (Please attach copies)

Contractors State Certification (No Town bond required)

Contractors State Registration (\$5,000 bond required)

\$5,000 Bond to the Town of Dundee

Signature Authorization form required

Certificate of Competency: License # _____

Liability Insurance

Worker's Compensation Ins. Or Exemption Certificate

Occupational License

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Name: (please print) _____

Signature of Applicant: _____

Title: _____ Date: _____