



# CITY OF CAPE CORAL

Department of Community Development /Code Compliance/Licensing

## APPLICATION TO REGISTER STATE CERTIFIED CONTRACTORS

Please fill out this application and submit it along with copy of the Certified Contractor's license, Insurance Certificates for Liability and Worker's Compensation, Business Tax Receipt from your office location and clear copy of driver's license.

QUALIFIER'S NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DBA (IF APPLICABLE): \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PH#: \_\_\_\_\_ OFFICE FAX#: \_\_\_\_\_

CELL PH#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_

\_\_\_\_\_  
QUALIFIER'S SIGNATURE

\_\_\_\_\_  
DATE

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Certified and Subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_. He/she is personally known to me or has produced  
a \_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_

Notary Seal: