



CITY OF CAPE CORAL

Department of Community Development / Licensing/Business Tax Division

APPLICATION TO REGISTER STATE CERTIFIED CONTRACTORS

Please fill out this application and submit it along with copies of the Certified Contractor's license, Business Tax Receipt from your office location and show prove of identification. There is a \$10.00 administration fee for the registration.

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: _____

TYPE OF LICENSE: _____

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: