



License holder contact information update form
This is not a registration form.

If you have relocated or changed your contact information since last up-dating your City of Cape Coral competency license, please complete the information below. Send the completed form to our office along with a copy of the updated Business Tax Receipt for your office location.

Company Name: _____

License holder's name: _____

License holder's contact information

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

List Only One for Each of the Below

Office phone number: _____

Cell phone number: _____

Email: _____

License Holder's name (please print)

License holder's signature

Date: _____

This form can be either faxed to 239-242-5368 or emailed to licensing@capecoral.net