

CITY of TEMPLE TERRACE

Department of Community Services

Application for Contractor Registration

Name of Business: _____

Mailing Address: _____

Phone#: _____

Name of License Holder: _____

Residence Address: _____

Phone#: _____

Florida Driver's License: _____

Type of Contractor: _____

Attach Copies Of

Hillsborough County Competency Card

State of Florida License (DPR) Card

Proof of Workers Comp Insurance

(w/City of Temple Terrace as Certificate Holder)

Agent authorization letter

(Must be original, notarized letter on company letterhead)

Affidavit of applicant: I, the undersigned Individual; or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the foregoing application and that all statements are a true and correct representation. Further, I acknowledge that I have read this application and agree that providing false information shall constitute grounds for revocation of any license pursuant hereto.

Date: _____ Signature: _____

Sworn to and subscribed before me by _____ who is personally known to me or produced _____ as identification, and who did ____ take an oath, this _____ day of _____, 20____.

Signature of Notary

Printed Name of Notary

Seal/Stamp
