



CITY OF CAPE CORAL

Department of Community Development /Code Compliance/Licensing

STATE CERTIFIED CONTRACTOR REGISTRATION

Revised 11/13/2020

Please fill out and return this application along with copy of the Certified Contractor’s license, Insurance Certificates for Liability and Worker’s Compensation or exemption, Business Tax Receipt from your office location and clear copy of qualifier’s drivers license. The complete packet may be submitted via email to: licensing@capecoral.net

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

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificates is sufficient for an acknowledgment in an individual capacity.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____, who is _____ personally known or _____ who has
produced _____ as identification.

Notary Public Signature:

NOTARY SEAL:

Name of Notary – typed, Printed or Stamped