



## Contractor Registration

Registration Number: **50-** \_\_\_\_\_

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Cell Number *(Optional)* \_\_\_\_\_

Construction Type: \_\_\_\_\_

State Lic. Expires: \_\_\_\_\_

Qualified Business Lic. Expires: \_\_\_\_\_

General Liability Expires: \_\_\_\_\_

Workers Comp. Expires: \_\_\_\_\_

Clerk: \_\_\_\_\_

*You may fax copies of State Lic., General Liability & Workers Comp.*

**Insurance Certificate Should Read:**

<b>CERTIFICATE HOLDER</b>
City Of Ocoee 150 N. Lakeshore Drive. Ocoee, FL 34761