



City of Brooksville
Building Division
201 Howell Avenue, Brooksville, FL 34601
Phone: 352-544-8301 ~ bcotnoir@pdcslc.com

CONTRACTOR/SUBCONTRACTOR REGISTRATION APPLICATION

I, _____ hereby apply for a Registration from the City of Brooksville for the following business:

Name of Business or Corporation: _____

Owner's Name: _____ Qualifier's Name: _____

Business Mailing Address: _____

City/State/Zip: _____

Physical Address (if different): _____

Business Phone: _____ Cell #: _____

License Type: _____ License #: _____

Email Address: _____

Please provide the following documents:

- 1) Department of Professional Regulation State License or County Comp. Card.
- 2) Copy of Qualifier's Driver's License
- 3) Contractors/Subcontractors must also include proof of liability and workman's compensation insurance showing the Certificate Holder as the "City of Brooksville, 201 Howell Ave., Brooksville, FL 34601"

A fee of \$75.00 is required voluntarily for all registrations and renewals, due every two years no later than September 30th. This particular registration period will expire on September 30th, 2018.

Signature: _____ Date: _____

Print Name

Check One: Owner _____ or Agent _____

Note: Owner or authorized agent must sign application. If authorized agent, proof must be provided stating such authorization.