

City of Brooksville Building Division 201 Howell Avenue, Brooksville, FL 34601

Phone: 352-544-8301 permits@cityofbrooksville.us

CONTRACTOR/SUBCONTRACTOR REGISTRATION APPLICATION

| I,Brooksville for the following business: | hereby apply for a Registration from the City of |
|---|--|
| 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: | |
| | tense or County Comp. Card. Ide proof of liability and workman's compensation is the "City of Brooksville, 201 Howell Ave., |
| A fee of \$75.00 is required for all registrations and 30 th . This particular registration will expire on Sep | d renewals, due every two years no later than September ptember 30 th , 20 |
| 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.