

Fee Paid: Yes No
Date Paid: _____



CITY OF CRYSTAL RIVER
CONTRACTOR REGISTRATION FORM
Please Note: Incomplete applications cannot be accepted.

123 NW Highway 19,
Crystal River, FL 34428
352-795-4216, ext. 317
352-795-6245
www.crystalriverfl.org
EMAIL: ecopeland@crystalriverfl.org

- New Retention Fee: \$20.00
 Renewal

- Contact preference: Email
 Bus. Phone
 Cell Phone

THIS PROGRAM IS VOLUNTARY. THE CITY OF CRYSTAL RIVER WILL MAINTAIN ALL ITEMS IN ITEM 11 OF THIS FORM FOR ONE FISCAL YEAR FOR AN ANNUAL FEE OF \$20.00. IF YOU CHOOSE NOT TO PARTICIPATE IN THIS PROGRAM ALL ITEMS IN SECTION 11 OF THIS FORM WILL BE REQUIRED FOR EACH BUILDING PERMIT. THANK YOU.

I DO DO NOT: ELECT TO HAVE THE CITY OF CRYSTAL RIVER MAINTAIN MY CONTRACTOR REGISTRATION FOR THE CURRENT FISCAL YEAR.

1. Name of Business or Corporation: _____
2. Name of Owner: _____ Contact: _____
3. License Name: _____ Number: _____
4. Location of Business: _____
5. City/State/Zip: _____
6. Business Phone: _____ Fax: _____ Cell: _____
7. Mailing Address (if different from above): _____
8. City/State/Zip: _____
9. Type of Business: _____
10. Email Address: _____
11. COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED:
 - a. Qualifier's Driver's License
 - b. State Certification License (if applicable)
 - c. Proof of Liability and Worker's Compensation (or exemption) showing the certificate holder as The City of Crystal River
 - d. County Business License
 - e. List of authorized agents – Must be notarized
12. If company holds more than one (1) type of license, this form is required for each

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Registrations expire on September 30th of each year. Note: Owner, qualifier, or authorized agent must sign application. If authorized agent, notarized proof must be provided stating such authorization.

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or has produced _____ as identification and did (did not) take an oath.

Notary Public

(SEAL)