

TOWN OF SAINT LEO
CITY OF DADE CITY BUILDING DEPARTMENT

14150 5th Street
Post Office Box 1355
Dade City, FL 33526-1355

Phone: 352-521-1460
Fax: 352-521-1498



CONTRACTOR LICENSE REGISTRATION APPLICATION

BUSINESS TYPE: Individual Partnership Corporation
 New Transfer-Owner Transfer-Location

Company Name: _____

Mailing Address: _____

Physical Address: _____

City / State / Zip: _____

Telephone / Fax: (Phone) _____ (Fax) _____

E-Mail Address: _____

FEIN Number: _____

Contractor License TYPE: _____

Florida State License No: _____ **County License No:** _____

I HERBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Qualifying Contractor Signature

Qualifying Contractor Name – PRINT

A copy of the following documents must be on file containing current information with this office before any contractor license will be activated.

1. Copy of worker's Compensation Insurance reflecting The Town of Saint Leo & The City of Dade City as certificate holder, OR Workers Compensation exemption.
2. Copy of liability insurance reflecting The Town of Saint Leo & The City of Dade City as Certificate holder.
3. Copy of Florida State Contractor License.
4. Copy of Tax Receipt or competency card.
5. Notarized letter from qualifier authorizing others to act on qualifiers behalf.

FOR OFFICE USE ONLY

Date: _____ Registration No: _____ Check No.: _____ Amount: _____