



CITY OF  
**TEMPLE TERRACE**

*Amazing City. Since 1925.*

Community Development Department

**Application for Contractor Registration**

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

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

\_\_\_\_\_ Phone#: \_\_\_\_\_

Name of License Holder: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_ Phone#: \_\_\_\_\_

Florida Driver's License: \_\_\_\_\_

Contractor License #: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

**Attach Copies Of**

Hillsborough County Certificate of Competency

State of Florida License (DBPR) Card

Proof of Workers Comp Insurance

*(w/ City of Temple Terrace as Certificate Holder)*

Agent Authorization Form

(must be original, notarized document)

**Affidavit of applicant: I, the undersigned Individual; or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the foregoing application and that all statements are a true and correct representation. Further, I acknowledge that I have read this application and agree that providing false information shall constitute grounds for revocation of any license pursuant hereto.**

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

Community Development Department

11250 NORTH 56TH STREET • P.O. BOX 16930 • TEMPLE TERRACE, FLORIDA 33687

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