



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

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: _____