



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

CONTRACTOR REGISTRATION APPLICATION

Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Telephone # _____ Fax #: _____

E-mail Address: _____

Type of Contractor: _____

Please provide copies of all items listed below:

- State License#: _____ Expires _____
- Insurance (liability & worker's comp or exemption)
- Fictitious Name Registration

Authorized Signer(s)

In the space below, please provide the name(s) of the authorized signer(s)/POA(s) that are approved to sign for and obtain permits on the license holder's behalf. Authorized individuals will remain in effect until written documentation is submitted withdrawing authorization. The license holder is responsible to keep all information current and correct.

Authorized Signer's Printed Name: _____

Authorized Signer's Printed Name: _____

Contractor's Signature: _____ **Date:** _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____. By _____ who is personally known to me or who has produced _____ as identification.

Notary Public (seal)