



**CITY OF BELLEVIEW**

*"City with Small Town Charm"*

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119<sup>th</sup> St., Belleview, Florida 34420

[www.belleviewfl.org](http://www.belleviewfl.org) Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

|                         |
|-------------------------|
| Permit #: _____         |
| Received by: _____      |
| Application Date: _____ |
| Fees Rec'd: _____       |

**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)