



CONTRACTOR REGISTRATION APPLICATION

City of Tavares
201 E. Main Street P O Box 1068
Tavares, FL 32778-1068
(352) 742-6213
FAX (352) 742-6087

Date _____

1. Company Name: _____

2. Qualifier Name (as it appears on state license): _____

3. Mailing Address: _____

City _____ State _____ Zip _____

4. Phone: _____ Fax: _____

5. Email: _____

Qualifier's Signature

PLEASE SUPPLY COPIES OF:

1. STATE LICENSE
2. BUSINESS TAX RECIEPT
3. WORKERS COMPENSATION INSURANCE OR STATE EXEMPTION
4. GENERAL LIABILITY INSURANCE

Completed forms and documents can submitted to PERMITS@TAVARES.ORG