

City of Polk City
P.O. Box 1134
Polk City, Florida 33868

Phone: (863) 984-8423
Fax: (863) 984-1984

Application for Contractors Registration

Date: _____ Polk City Registration Number: _____

Application is hereby made to register as a: _____
contractor with the Polk City Building Department.

Name: _____ DBA: _____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Residential Phone: _____ Business Phone: _____

Cell Phone: _____ Fax Number: _____

Web Address: _____

Applicable Florida Statutes have been complied with in using fictitious name:

Board of Examiners Municipal Comp. Card; Comp. Card Number: _____

Occupational License Number: _____

From County/City: _____

Number of Employees: _____

Surety Bond Effective from: _____ until cancelled.

Public Liability Insurance effective from: _____ to _____.

Workmen's compensation for contractor and employees insurance effective dates:

from: _____ to: _____

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Required Attachments (if applicable)

1. Copy of current city or county occupational license.
2. Copy of Municipal Board of Examiners Card.
3. Copy of current State of Florida Contractor's Certification or Registration.
4. Certificate of Public Liability Insurance. Certificate holder being the City of Polk City, P.O. Box 1139, Polk City, Florida 33868.
5. Certificate showing Workman's Compensation for Contractor, Subcontractor and Employees if it applies to your company or BCM-204 form from the State of Florida.
6. Check Payable to the City of Polk City for the sum of \$10.00.
7. Notarized Power of Attorney statement from contractor designating specific individual(s) to act in obtaining permits on behalf of contracting firm.

Due to the City's contract with Florida Refuse, Florida Refuse must provide all construction dumpsters. To place the order for a dumpster, please contact Kelly Downing at (863) 984-1375 _____ (Initial).

Applicant is aware that registration becomes inactive when any of the requirements are cancelled, expired, outdated, voided, or otherwise terminated. Applicant accepts responsibility to ensure renewal certificates of insurance, copies of renewed licenses and renewal fees if furnished to the building division.

Applicant Signature

State of Florida
County of Polk

Before me personally appeared _____ known to me to be the person described herein and who signed the application above, and acknowledged to and before me that the statement's made are true and correct.

Witness my hand and Official Seal this _____ day of _____.

My commission expires: _____
Notary Public